



**ENHANCING THE WELL-BEING OF AMERICA'S
VETERANS AND THEIR FAMILIES:
A CALL TO ACTION FOR A NATIONAL VETERANS POLICY**

JUNE 2013



USC Social Work
*Center for Innovation and Research
on Veterans & Military Families*



> REPORT FROM JUNE 2013 SYMPOSIUM

- > Hosted by NASW in collaboration with Supporting Partner University of Southern California School of Social Work and its Center for Innovation and Research for Veterans and Military Families

ENHANCING THE WELL-BEING OF AMERICA'S VETERANS AND THEIR FAMILIES: A CALL TO ACTION FOR A NATIONAL VETERANS POLICY

This report is a product from the symposium, *Enhancing the Well-being of America's Veterans and Their Families: A Call to Action for a National Veterans Policy*, hosted by the NASW Foundation's Social Work Policy Institute in collaboration with supporting partner, the University of Southern California School of Social Work, and USC Center for Innovation and Research on Veterans and Military Families, on June 12–13, 2013 in Washington, DC.

NASW and the NASW Foundation thank the University of Southern California School of Social Work for providing partial financial support for the symposium.

Additional copies of the report can be downloaded from the Social Work Policy Institute's website, www.socialworkpolicy.org. The PowerPoint presentations can also be viewed at that site.

FOR MORE INFORMATION CONTACT

Joan Levy Zlotnik, PhD, ACSW
Director, Social Work Policy Institute
750 First Street NE, Suite 700
Washington, DC 20002
202.336.8393
jzlotnik@naswdc.org
SocialWorkPolicy.org

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FOREWORD

The faces of America's veterans are changing. The changes include – more women, decreasing average age, greater racial and ethnic diversity, growing number of veterans with young children, and veterans and their families dealing with the impact of multiple deployments and the impact of physical and mental wounds which may require lifelong attention. These changes require comprehensive responses from governments at all levels, as well as the engagement and participation of communities, and veterans, and their families at every stage. This will require new approaches to service delivery, coordination across sectors, across disciplines and across levels of government, and engagement of sectors that do not necessarily view themselves as veteran-focused or part of the veterans' service array.

To examine the demographic changes, and to explore how a national veterans policy or national veterans covenant can set the framework for the necessary services and policies, on June 12 and 13, 2013, a national think tank was convened. The Social Work Policy Institute of the National Association of Social Workers (NASW) Foundation, in collaboration with supporting partner, the University of Southern California School of Social Work (USC) and its Center for Innovation and Research on Veterans and Military Families (CIR), brought together 50 thought leaders representing military and veterans organizations, policy makers, researchers, educators and advocates. The think tank explored critical issues facing veterans and their families related to health and mental health, education, housing, employment, early childhood development and community engagement. The essential information imparted by the presenters and the richness of the dialogue that took place led to the creation of an action agenda and suggested next steps related to a national veterans covenant.

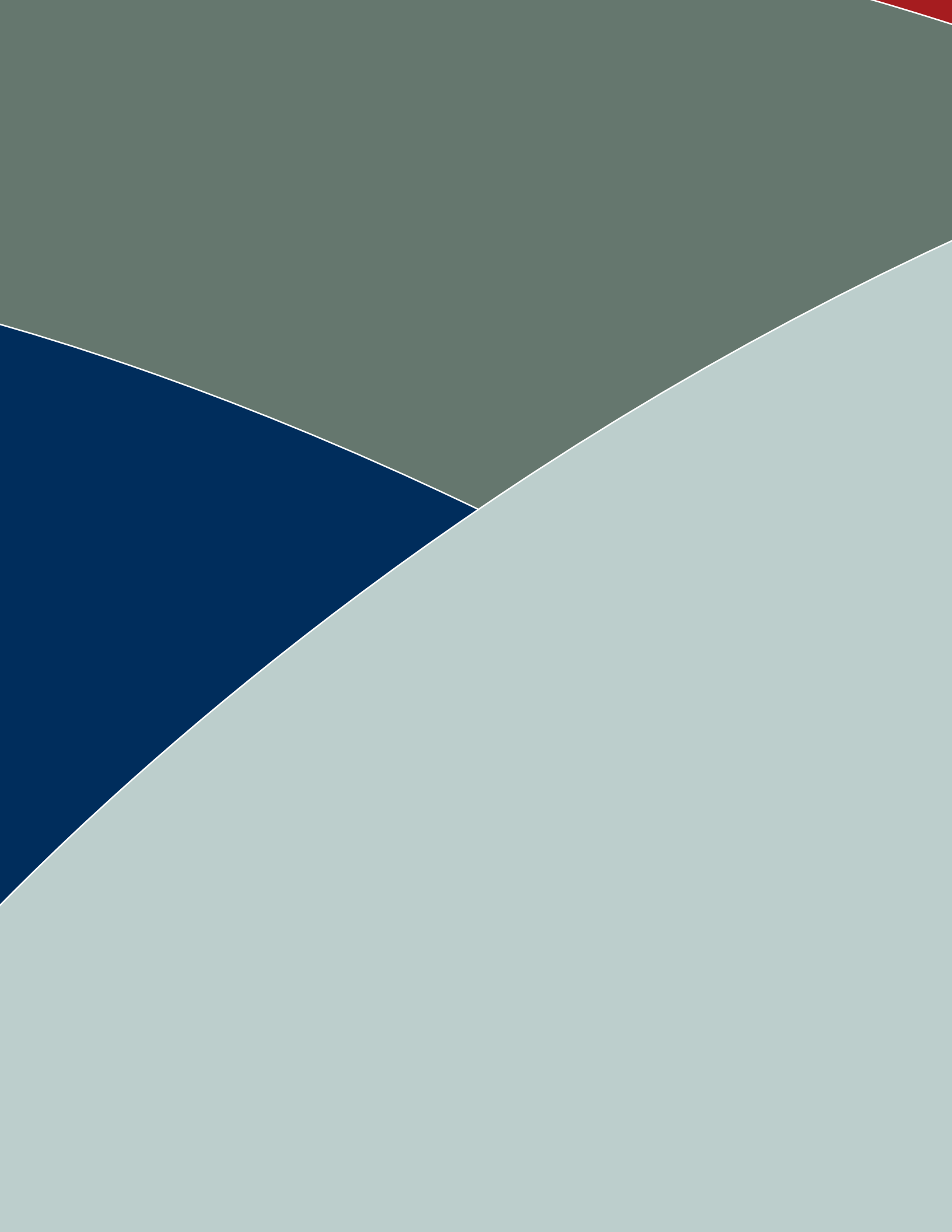
This event was planned collaboratively by NASW and USC. I want to thank Dean Marilyn Flynn of USC for her leadership and for her commitment to collaborating with NASW. Anthony Hassan, Director of the USC CIR was an invaluable partner in planning and facilitating this event due to his connectedness with multiple sectors and stakeholders at the national and community levels,

and with his ability to identify both critical issues and key leaders for participation in the think tank. Elizabeth Hoffer, Special Assistant to the NASW CEO, has led NASW staff activities related to military and veterans issues and made important contributions to making this convening a success.

I also want to thank Phillip Carter of the Center for a New American Security, Christopher Ford of the Joint Staff, Dorinda Williams of ZERO TO THREE, Diane Elmore of the UCLA-Duke University National Center for Child Traumatic Stress, Marleen Wong of USC, Christopher Del Beccaro from Congressman Jeffrey Denham's office and Lisa Colpe of the National Institute on Mental Health. Their contributions were essential to stimulate our thinking on critical issues. This report integrates and summarizes the presentations. For the presenters who used PowerPoint the presentations can be found at SocialWorkPolicy.org/news-events/swpi-convenes-veterans-policy-symposium.html. The meeting also used graphic recording to capture the process and content and to illustrate the rich discussions. Many of the graphics are included in this report. They can be viewed in their entirety on the Social Work Policy Institute website at the link above. Thanks to Jim Nuttle of Crowley and Co. for his incredible work.

As you read this report we hope that you will consider what steps that you, your organization, and your community can take so that we can ensure the well-being of our veterans and their families for many generations. We must all work together to make sure that we have leadership from many sectors, and the national policies and programs to make this call to action a reality.

Joan Levy Zlotnik, PhD, ACSW
Director, Social Work Policy Institute
September 2013





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OVERVIEW



Enhancing the Well-Being of America's Veterans and their Families: A Call to Action for a National Veterans Policy was convened by the National Association of Social Workers (NASW) Social Work Policy Institute (SWPI) in collaboration with supporting partner, the University of Southern California School of Social Work (USC) and its Center for Innovation and Research on Veterans and Military Families. This symposium was convened on June 12-13, 2013 as a catalyst for improving both policies and practices, and to explore the feasibility of promoting a national veterans policy. The more than 50 participants represented national organizations, government agencies, community service providers, foundations and universities. (See Appendix 1 for Participant List). The participants had expertise in health, behavioral health and human service delivery systems and a large number of the participants were veterans, family members of veterans, or both.

The symposium participants' diverse perspectives and experiences in agencies, organizations and universities helped to stimulate thinking about the policies that support our nation's veterans, and to look at how we can leverage what we already have,

identify what changes are needed, and suggest how we can best balance federal, state and community roles, responsibilities and resources to enhance the well-being of our nation's veterans and their families.

The symposium deliberations were framed by reviewing several key points from the CIR Field Note entitled *A National Veteran's Covenant: Community as the Catalyst and Resource* (<http://cir.usc.edu/wp-content/uploads/2011/09/Vet-Covenant-Full.pdf>). The Field Note is a working paper that emerged from a 2012 USC-convened Roundtable that focused on the potential of creating a national veterans policy in the United States by considering the veterans policy principles that exist in both Great Britain and Canada (see Appendix 4).

A NATIONAL VETERAN'S COVENANT: COMMUNITY AS THE CATALYST & RESOURCE

Key Points

- > The United States has a moral obligation to ensure that its veterans and their families receive the services promised to them when they enlisted, to maximize the advantages gained through their service, and mitigate any disadvantages of injury, illness or other disparity created as a result of their service.
- > Community support for veterans and their families is plagued by fragmentation. There are a multitude of

services available to the nation's veterans, but the disjointed nature of how they are provided by the Department of Veterans Affairs, other federal agencies, and a wide variety of state and community-based organizations makes it difficult for veterans to receive the services they need. A national veterans covenant would provide an overarching vision for the provision of services and could function as a versatile vehicle for developing a national veteran's policy.

- > A national veterans covenant would represent a call to action that would create a more coherent system by which services are provided to the nation's veterans and their families. It would serve as a touchstone for creating a more effective and coordinated community system for delivering services to veterans and their families. (A community refers to all civilian institutions such as schools,

nonprofit organizations, businesses and corporations, religious organizations, neighborhoods, and municipal, state and federal entities within a given locale).

- > A national covenant should embrace the following imperatives:
 - » The sacred duty that the nation has to those who serve in its military and their families.
 - » The need to ensure that those who are injured or disabled while serving their nation receive the best care when and for as long as needed,
 - » The assurance that veterans and their families have convenient access to all the necessary services to help them transition successfully between military and civilian communities.
- > Developing a national veterans covenant requires input from all constituencies that provide support, advocacy and services to veterans as well as a commitment by the American public to actively honor the nation's obligations to its veterans and their families.

Excerpted from <http://cir.usc.edu/wp-content/uploads/2011/09/Vet-Covenant-Full.pdf>

This symposium built on USC's 2012 examination of policy imperatives by using a psychosocial or social service lens. Policy and practice issues related to veterans in the context of their families and communities were explored, with a focus on mental health and physical health, early childhood development and care, and education (at all levels), jobs and housing (See Appendix 2 for the agenda). The anticipated outcome of the symposium was to create recommendations that could promote policy and programs to more holistically ensure improved outcomes for our nation's veterans and their families. The presentations (see Appendix 3 for speaker biographies) covered current research and data and descriptions of practice innovations along with identification of gaps in policy.



> PRESENTERS

- > **Philip Carter** (Center for a New American Security) provided an overview of today's veterans and the issues that they face. (View slides at www.socialworkpolicy.org/wp-content/uploads/2013/07/Carter-USC_13Jun13-with-graphs.pdf).
- > **Dorinda Williams** (ZERO TO THREE) provided an overview on veteran families with young children and resources to assist them. (View slides at www.zerotothree.org/about-us/funded-projects/military-families/).
- > **Christopher Ford** (Joint Chiefs of Staff's Office of Warrior and Family Support) discussed the outreach work from the Office of Warrior and Family Support to engage with communities to assist in transitions from military to veteran status. (Visit www.jcs.mil/wfs for more information).
- > **Diane Elmore** (UCLA-Duke University National Center for Child Traumatic Stress) provided an overview on mental health stressors

faced by veterans and their families and some of the legislative and executive branch efforts to meet those needs, along with identification of resources from the National Child Traumatic Stress Network. (View slides at www.socialworkpolicy.org/wp-content/uploads/2013/07/elmore-NASW-Presentation-2.pdf).

- > **Marleen Wong** (USC School of Social Work) discussed the difficulties of identifying school children whose parents are veterans. Thus, the psychosocial issues that they may face may not be addressed. (Information on school-focused research can be found at <http://cir.usc.edu/transforming-the-public-school-response-to-children-from-military-families>).
- > **Lisa Colpe** (National Institute of Mental Health) provided an overview of the cross agency efforts to address veterans' mental health at the federal level including research and data collection priorities (see NIMH Directors Blog for a description of several

initiatives <http://nimh.nih.gov/about/director/2013/healing-invisible-wounds-an-action-plan.shtml>).

> **Christopher Del Beccaro** (Office of Congressman Jeffrey Denham) discussed the Congressional Veterans Jobs Caucus and its priorities. (See <http://denham.house.gov/HireAVet> for more information).

> **Anthony Hassan** (USC CIR) presented the conceptualization of creating a National Veterans Covenant as a way to ensure that veterans and their families get the services that they need and deserve. (For more information about the innovative work of CIR visit <http://cir.usc.edu/>).

The symposium stimulated the think tank deliberations by addressing:

> The demographics of today's veterans and how we might anticipate the population to change over the next 30 years.

- > The consideration of how to effectively balance the roles and responsibilities of the Department of Veterans Affairs with those of other federal agencies, with state and local governments, with community-based service providers, with self-help organizations and with veterans service organizations, to best identify and meet the needs of veterans and their families.
- > The importance of addressing veterans in the context of families, which acknowledges broad definitions of families; and also suggests that services for children (schools, early childhood programs, etc.) should be attuned to identifying and implementing programs and services to meet the needs of children whose parent or parents are veterans.
- > The reality that accessing housing, jobs, education, mental health care and health care services can all be challenging for some veterans,
- > The need for health care providers to be well-schooled in interventions that address the trauma that many veterans and their families may be experiencing; and that many different disciplines need to understand the heterogeneity of military and veterans experiences in order to maximize the well-being of veterans and their families.

Following the presentations the participants divided into six small groups to consider questions focused on policy, communications, the roles of universities and national organizations, and research and strategies for moving forward with a national covenant (see Appendix 5 for the questions). The symposium used graphic recording to capture the presentations and discussions as well as the recommendations. The full graphic recording is available at www.socialworkpolicy.org/wp-content/uploads/2010/07/NASWJune2013_opt.pdf and parts of the graphic recording are interspersed throughout this report.

The next section, "Framing the Issues," summarizes the information imparted by the presenters, examining demographics and offering an overview of some key policies and programs that address the needs of veterans and their families. The "Critical Themes" section identifies the key findings that emerged from the discussions. The section "Action Agenda" covers the recommended next steps that emerged from the think tank. That is followed by the Conclusion and References. An extensive set of resource materials can be found in the Appendix. The graphic recording, PowerPoint presentations and an executive summary brief along with the PDF of this report can be found at www.SocialWorkPolicy.org.

FRAMING THE ISSUES

> DEMOGRAPHIC SHIFTS IN VETERANS' POPULATIONS

To ensure that the needs of veterans and their families are met, it is important to understand the changing demographics of our nation's veterans. Today the average veteran is age 64; the overwhelming majority are white and male. The largest group of male veterans belong to the Cold War and the Vietnam War cohorts; the largest group of female veterans belong to the Gulf War cohorts. VA projections indicate that between now and 2040, the number of veterans overall will decrease from 22 million to 14 million. However, as the veterans population shrinks it will become more diverse in racial, ethnic and gender terms. The percentage of female veterans will increase dramatically, as will the proportional representation of African-American and Latino veterans. As

would be expected, over the next few years the number of World War II veterans will trail off, and the number of Vietnam era veterans will also decrease, especially through 2040. Thus the percentage of veterans that are from the Gulf War era will increase over this 30 year period (See Figure 1 for information on the changes in the veterans population over the next 30 years).

As seen in Table 1, almost 2.5 million persons are veterans of the wars in Iraq and Afghanistan. This includes 72% who are Active Duty and 28% who are in the Reserves; this is about 10% of current veterans, overall.

TABLE 1: Iraq and Afghanistan Veterans

- > 2,453,036 deployed for OEF/OIF/OND*
- > 1,759,457 active (72%); 693,579 Reserve (28%)
- > 88% male / 12% female
- > More than 60% with 1-4 years of service
- > 62% younger than age 29 (at deployment)
- > 53% married; 47% single (at deployment)

- > 86% enlisted; 14% officer or warrants
- > Racially diverse and geographically dispersed.
- > 76.5% high school or some college; 15.9% college or higher education

*Operation Enduring Freedom (OEF); Operation Iraqi Freedom (OIF); Operation New Dawn (OND)

Stressors That Iraq/Afghanistan Veterans Face

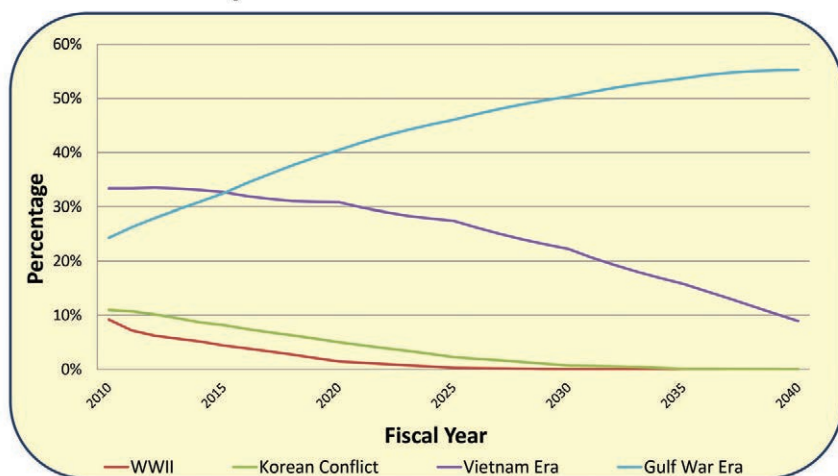
Veterans and their families face numerous stressors (Department of Veterans Affairs; 2010). These include, but are not limited to, the rigors of military service generally, the hardships and dangers relating to combat service, and the difficulties faced in making the transition from military to civilian life. These stressors manifest themselves in a number of ways after transition, and their impact can be seen in such measures as unemployment statistics, and homelessness statistics.

The 2012 unemployment rates for Iraq/Afghanistan veterans, ages 18-34 are 10.4% for men and 12.5% for women. The Veterans Health Administration (VHA) reports that one in five women indicate having experienced Military Sexual Trauma (MST) when screened; and data from the Department of Defense reports that more male victims of sexual assault than women. This is an issue that affects both men and women. Added to these are the findings that veteran men are two times as likely to become homeless than non-veteran men, and women are three times as likely. For females, the risk of homelessness was highest in the 18-29 age range, with risk decreasing as age increased.

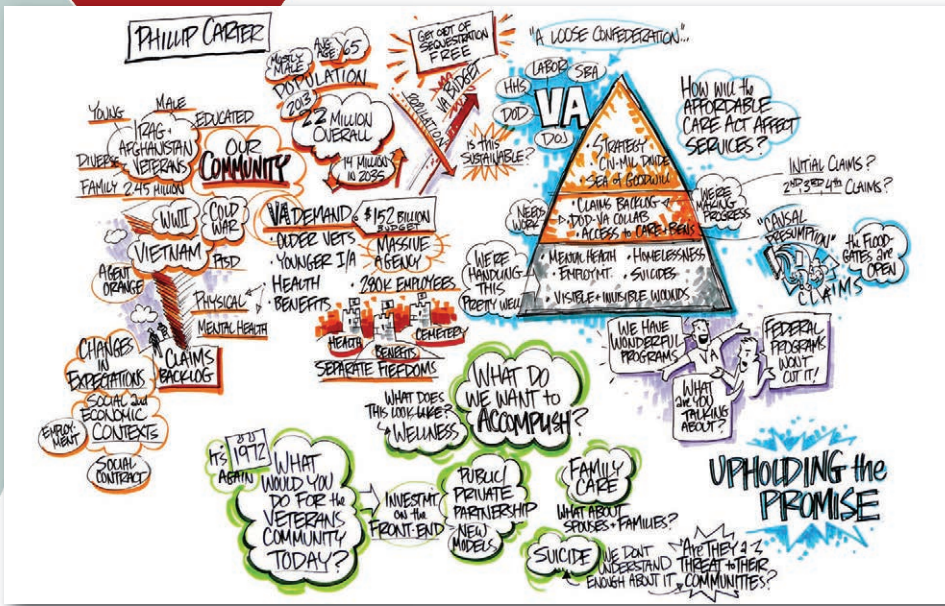
In addition, as members of the military transition to veterans status there is a

FIGURE 1: VETERAN POPULATION PROJECTIONS –
Office of the Actuary, Department of Veterans Affairs, www.va.gov/vetdata/veteran_population.asp.

Projected % of Total Veteran Population by Period of Service 2010-2040



Source: Office of the Actuary, Veteran Population Projections Model (VetPop2011), Table 2L



loss of the military-specific support systems to which they have become accustomed. This includes esprit de corps; resources that are available on military installations, social supports, benefits and cultural identity.

Families With Young Children

The young age of the Iraq/Afghanistan veterans brings new challenges, as young families typically have younger children. Young children, in turn, may be particularly vulnerable to the contextual stressors affecting their parents and caregivers (Maughan, Cicchetti, Toth, & Rogosch, 2007; Schechter et al., 2004; Thompson, 2008). Thus far, there is more data available about the constellation of families of those in the military, than those who are veterans. Data indicates that the largest percent of children of Active Duty members are between birth and five years of age, constituting over 42.8% of minor dependents. There are over 360,000 children ages 0-3 of Active Duty members. There are approximately 134,594 children ages 0-3 of selected Reserve members. Of the total number of children of selected Reserve, 28.8% are between the ages of 0 and 5. (Office of the Deputy Under

Secretary of Defense, Military Community and Family Policy, 2012). These data are important as we consider that an estimated 250,000 service members will transition out of the service and into civilian life each year (Small Business Administration, 2012), with about 30% of all veterans having children (Westat. 2010).

While there are not comprehensive national data available about veterans with young children, recent data from Illinois, as reported by ZERO TO THREE, paints a helpful picture.

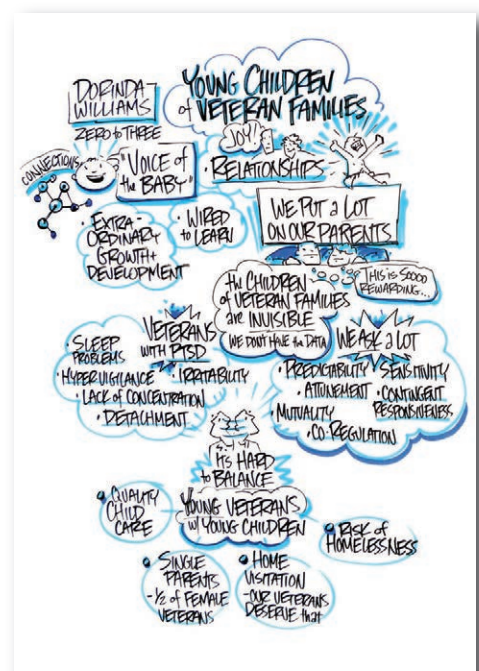
- > Nearly one of out of five new veterans in Illinois has one or more children under the age of 5 in their household.
- > For female veterans, that number increases to nearly one out of four.
- > Approximately one quarter of new veterans with children in Illinois are single parents.
- > Nearly half of female new veterans with children in Illinois are single parents (Carrow, Rynell, & Terpstra, 2012).

The VA's decision to provide childbirth services to the newborn babies of women veterans is reflective of the

growing number of women veterans and associated consideration of maternal and child health care needs (Department of Veterans Affairs Veterans Health Administration, 2012).

The issues for veterans and their families who were deployed during the Iraq/Afghanistan War and were in the National Guard and Reserves may be a little different than those in the Active Duty since there were more episodic disruptions in family and work life for those who were not full-time committed to military service.

These demographic data help to paint a picture that requires us to think strategically about the circumstances and targets of services to veteran, and to think about veterans in the context of their families. These data also suggest that a broad array of services must be established and organized and delivered in multiple settings and across multiple sectors. This may challenge the way that services to veterans have traditionally been provided, especially those provided through the Department of Veterans Affairs.

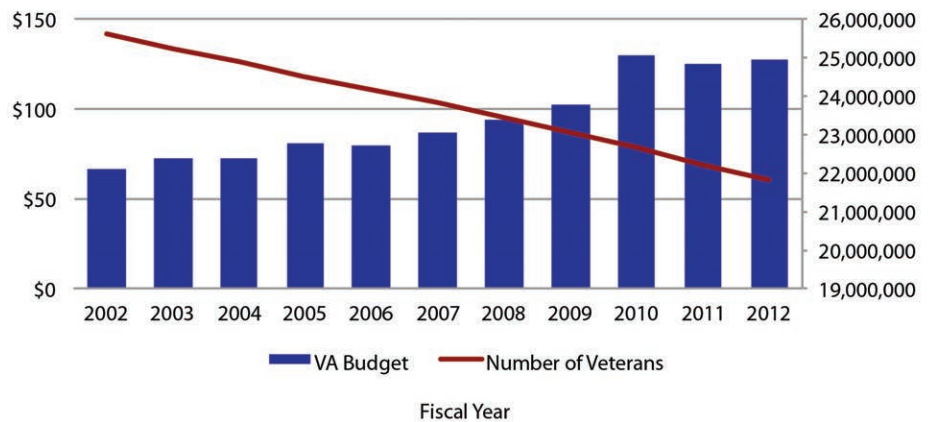


> DEPARTMENT OF VETERANS AFFAIRS

The Department of Veterans Affairs (VA) is the second largest cabinet agency in both people and dollars with a \$152.7 billion budget for Fiscal Year (FY) 2014 and nearly 300,000 employees. This budget reflects significant growth in the VA budget over the past 12 years of war. Although the VA has largely been exempt from budget cuts to date, including sequestration, it is not clear that this budget growth will continue indefinitely, particularly given the shrinkage of the veterans population. As indicated in Figure 4, the overall number of veterans has decreased between 2002 and 2012. However, the budget of the VA has increased. This figure is from *Upholding the Promise* which is available from the Center for a New American Security (www.cnas.org/files/documents/publications/CNAS_UpholdingThePromise_Carter_2.pdf).

In terms of structure, the VA is divided into three sub-agencies – Veteran’s Health Administration (VHA), Veteran’s Benefits Administration and the National Cemetery Administration. Fifty-six percent of the VA budget goes toward mandatory benefits payments. Recent national attention has been drawn to reports that the VA has a large backlog in processing claims, with some 421,793 (58%) pending over 125 days as of September 30, 2013 (www.vba.va.gov/reports/mmwr/), with most of this backlog being disability claims, and in some instances, these are multiple claims for the same veteran. Of these pending claims, about 60% were already disapproved and are resubmitted for further review.

FIGURE 4: DEPARTMENT OF VETERANS AFFAIRS BUDGET AND THE VETERAN POPULATION, FISCAL YEAR 2002-2012



Source: CNAS, "Upholding the Promise," Nov. 2012

In terms of the VHA, it provided care to 6.3 million veterans in 2012 of which 540,000 were veterans from the Iraq/Afghanistan wars. In FY 2013 the number of Iraq/Afghanistan veterans receiving VHA services is expected to rise to 607,000. About 56% of separated Iraq/Afghanistan veterans (899,752) have obtained VHA services since 2002. Just under 60% of the care is for musculoskeletal diagnosis; and 54% is for mental health disorder diagnosis. Urgent issues that are being addressed for veterans include mental health, suicide, employment and homelessness. Fostering and strengthening DoD/VA collaboration will help to ensure that veterans have the access to care and benefits that they have earned and that they deserve and that transitions occur more smoothly.

> MAKING SURE THAT VETERANS AND THEIR FAMILIES ARE VISIBLE ON THE POLICY AGENDA

Title 38 of the United States Code outlines Veterans’ Benefits and the roles and responsibilities of the Department of Veterans Affairs. Title 38 was created as a result of Pub. L. 85-857, § 1, Sept. 2, 1958, 72 Stat. 1105,

and has been amended subsequently. Two questions during the symposium focused on Title 38. 1) To what extent should the focus not just be on the needs of veterans, but of their families as well; and 2) Could Title 38 be amended to more truly serve as a comprehensive National Veterans Policy, or is it more focused on addressing what is offered through the VA and through the VA in tandem with other agencies.



Congressional Hearings

In recent years there have been many hearings in Congress to highlight the mental health needs of veterans.

Examples include:

- > **U.S. Department of Veterans Affairs Medical Care: The Crown Jewel and Best Kept Secret**
<http://veterans.house.gov/hearing/us-department-of-veterans-affairs-medical-care-the-crown-jewel-and-best-kept-secret>
- > **Building Bridges Between VA and Community Organizations to Support Veterans and Families**
<http://veterans.house.gov/hearing/building-bridges-between-va-and-community-organizations-to-support-veterans-and-families>
- > **Understanding and Preventing Veteran Suicide**
<http://veterans.house.gov/hearing/understanding-and-preventing-veteran-suicide>
- > **Overcoming Barriers to Quality Mental Health Care for Veterans**
<http://veterans.house.gov/hearing/honoring-the-commitment-overcoming-barriers-to-quality-mental-health-care-for-veterans>
- > **Pending Legislation Regarding Sexual Assaults in the Military**
www.c-spanvideo.org/event/219669

Legislative and Executive Branch Policy Achievements

There have been several federal legislative and executive branch achievements in recent years aimed at improving services and supports to service members, veterans and their families. Examples include:

- > Advance in funding for VA medical care.
- > Increase in the VA Mental Health budget.
- > Lifting of the ban, by the White House, on military condolences when the death is due to suicide.
- > Repeal of the Don't Ask, Don't Tell policy.
- > The White House Executive Order: Improving Access to Mental Health Services for Veterans, Service Members, and Military Families addresses issues including:
 - » Expanding VA Mental Health Staffing
 - » Suicide Prevention
 - » Enhancing Community Partnerships
 - » Improving Research
- > Effective advocacy to exempt the VA budget from sequestration, and


- > Creation of the Center for Deployment Psychology at the Uniformed Services University of the Health Sciences (www.deploymentpsych.org).

Congressional Caucuses Raise Awareness Of Veterans Concerns

In Congress, there are currently dozens of Congressional caucuses (see below) that work to highlight a broad array of issues pertaining to the interests of service members and veterans and their families. This indicates the breadth of issues that impact the policies that can support or hinder the well-being of veterans and their families. One such caucus is the bi-cameral, bi-partisan Veterans Jobs Caucus, described in more detail on p. 12.

> ADDRESSING MENTAL HEALTH NEEDS AS POLICY, PROGRAM AND RESEARCH PRIORITIES

Over the last several years there has been growing concern about the high level of mental health needs among



Congressional Caucuses

- Congressional Army Caucus
- Congressional Battlefield Caucus
- Congressional Brain Injury Task Force
- Congressional C-130 Modernization Caucus
- Congressional Caucus on Engaging Community Support for Veterans
- Congressional Caucus on Long Range Strikes
- Congressional Caucus on Unmanned Systems
- Congressional Caucus on Women in the Military
- Congressional Coast Guard Caucus
- Congressional Defense Energy Security Caucus
- Congressional Joint Strike Fighter Caucus
- Congressional Mental Health Caucus
- Congressional Military Family Caucus
- Congressional Military Mental Health and Suicide Prevention Caucus
- Congressional Military Sexual Assault Prevention Caucus
- Congressional Missile Defense Caucus
- Congressional Navy Mine Warfare Caucus
- Congressional Navy and Marine Corps Caucus
- Congressional Rural Veterans Caucus
- Congressional United Services Organization (USO) Caucus
- Congressional Veterans Jobs Caucus
- Congressional Wounded to Work Caucus
- Defense Communities Caucus
- House Air Force Caucus
- House Military Depot and Industrial Facilities Caucus
- Invisible Wounds Caucus
- Military Veterans Caucus
- National Guard and Reserve Components Caucus
- Special Operations Forces (SOF) Caucus

SAMHSA. At the federal level, numerous agencies have visibly asserted their commitments to programs and initiatives targeted to veterans and military families. For example, the Substance Abuse and Mental Health Services Administration's (SAMHSA) Military Families initiative has among its goals:

- > Improve military families' access to community-based behavioral health care through coordination among SAMHSA, TRICARE, DoD, and Veterans Health Administration services.
- > Improve the quality of behavioral health-focused prevention, treatment, and recovery support services by helping providers respond to the needs within the military family culture.
- > Promote the behavioral health of military families with programs and evidence-based practices that support their resilience and emotional health.
- > Develop an effective and seamless behavioral health service system for military families through coordination of policies and resources across Federal, national, State, Territorial, Tribal, and local organizations (www.samhsa.gov/MilitaryFamilies/).

SAMHSA also carries out the National Survey of Drug Use and Health

(www.oas.samhsa.gov/nhsda.htm). This survey gathers some information specifically about veterans, and beginning in 2015, it will gather additional information on families of Active Duty military and on veterans.

The National Child Traumatic Stress Network (NCTSN) (www.nctsn.org), established by Congress in 2000, and funded through SAMHSA has a long standing commitment to military families, and in its most recent call for proposals, grantees were required to address military family issues as part of their application. The NCTSN provides education and training on military and veteran family-related issues, offers consultation and technical assistance to promote trauma-informed, evidence-based interventions for military and veteran families and children, and has key national and regional partnerships with TRICARE, military treatment facilities, medical providers and other partners. Among the key resources available to NCTSN members and the public include a Military Families Learning Community Master Speaker Series, an *"Essentials for Those Who Care for Military Children and Families"* Curriculum, and a Military Families Knowledge Bank, which is an online database of resources for and about members of the military, veterans and their families. For more information on specific NCTSN resources see Appendix 10.

JOINING FORCES & NASW

One effort to engage national organizations in addressing the needs of service members, veterans and their families related to TBI, PTSD and other mental wounds of war was the creation of Joining Forces (joiningforces.gov). In 2011 Joining Forces has been led by the First Lady Michele Obama and by the Vice President's wife, Dr. Jill Biden.

NASW has been an active participant in Joining Forces. In July 2012, Dr. Biden attended the NASW Hope Conference and announced NASW's commitment to educating and training all social workers so that they are prepared to meet the needs of those who have made incredible sacrifices for the United States.

To this end, NASW has developed:

- > **Free online five-course training module available for all social workers:** It will include military culture, advocacy, direct practice, cultural competency, and standards review. This course will not be limited to social workers who specifically work with veterans and military families, but also private practitioners, clinical social workers, agency social workers, policy practitioners, educators, and researchers. This course will count toward continuing education requirements for practitioners.
- > **A professional Credential for Social Work with Veterans and Military Families:** Based on the training module, this credential will be offered free for one year to all NASW members and is geared towards social workers that work primarily with service members, veterans, or their loved ones.
- > **Standards for Social Work Practice with Veterans and Military Families:** These guidelines will be disseminated to all NASW members with the goal of providing a basic level of education on veterans and military families.

For more information visit www.socialworkers.org/military.asp or see Appendix 6.

> PROMOTING HEALTHY DEVELOPMENT & WELL-BEING OF CHILDREN IN FAMILIES OF VETERANS

The length of the Iraq/Afghanistan wars, the all-volunteer army, the young ages of the service members, the

experiences of multiple deployments, the growing numbers of woman in the military and the prevalence of PTSD and TBI, all call for the need to think systemically about the impact of these factors not only on veterans, but the whole family system, including the children.

Over the past decade there has been increased attention to meeting the needs of the children of persons in the military. This has included training for teachers and other interdisciplinary professionals, attention to the needs of children of military families in schools and early childhood programs, and the expansion of school-based mental health programs. There is a continued need for special attention to the impact on very young children – those from birth to five or six years old and to focus on maltreatment prevention and family violence prevention.

Research is needed that will focus on the impact on children whose parents are serving in the military and who transition to veteran status. This should encompass increasing our understanding of those who transition easily and those who have a more difficult time. There is a need to understand resiliency as well as concerns about adjustments. *Veterans can benefit from training to come back to peace, just as they have been trained to go to war.*

Schools.

Programs and services that serve children and that support families need to think about the growing number of veterans who have children, and how the parents' experiences will impact the children, and what programmatic responses may be needed. Like other federal agencies, the U.S. Department of Education has a special page that provides a range of information related to education and

military families and veterans (www.ed.gov/veterans-and-military-families), noting that virtually all school districts educate children whose parents or guardians have served in the military.

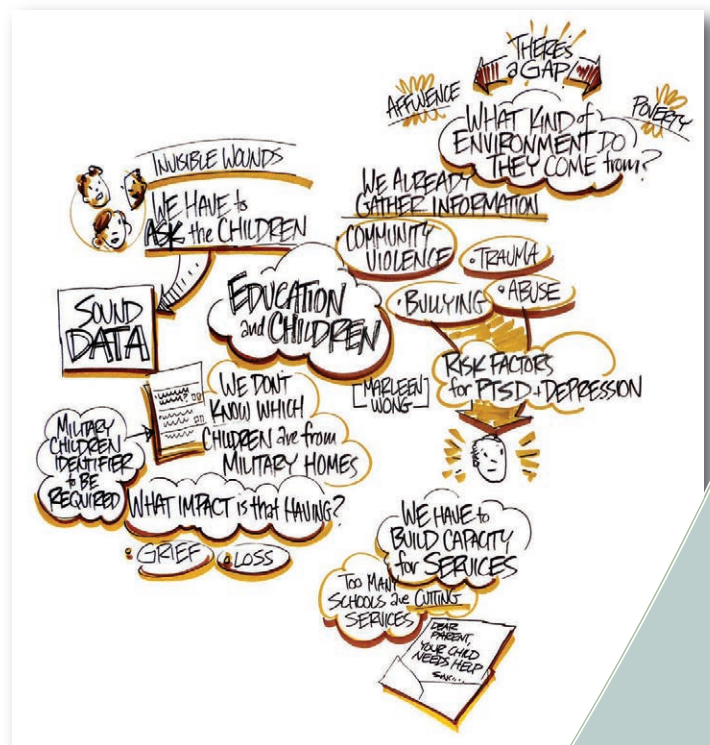
Not only is there a need for programs – but there is also the need to undertake rigorous research. One such example is the Building Capacity in Military-Connected Schools Initiative (<http://buildingcapacity.usc.edu/>). The supposition for this study is that school climates and the social-ecological contexts surrounding a school (e.g., universities, communities, school districts) can potentially protect at-risk children and adolescents from an array of negative social, emotional, and psychological outcomes.

Although we know that there are children of veterans in our schools, we do not collect data on these population shifts and on the potential needs of these children and families. Children's environments impact their learning and school performance; therefore it is important to understand the impacts on children who witness the effects of PTSD or TBI? We gather information on community violence, trauma, bullying and maltreatment, and should consider including data collection on the families of service members and veterans in our schools.

Early Childhood Development.

As noted earlier, the largest percentage of children of Active Duty members are between birth and five years of age. As we consider the decreasing age of veterans, we need to ensure that we are developing programs and services that are attuned to their needs. With the high rates of PTSD and TBI, it is essential that we consider how the symptoms of these disorders require special attention in regard to the potential mis-match between what very young children need and what their parents might offer.

According to ZERO TO THREE, we expect parents of young children to parent with consistency, emotional attunement, sensitivity, contingent responsiveness, co-regulation and mutuality. However, symptoms of PTSD include, sleep problems, hyper-vigilance, difficulty concentrating, irritability or outbursts, hallucinations/flash-backs, exaggerated startle response, feelings of detachment/estrangement and restricted range of affect (APA, 2000). For those experiencing Traumatic



Brain-Injury, symptoms can be disorganization, impulsivity, fatigue, headaches, vision problems and depression. While studies specifically focusing on the youngest children of military families is very limited, there is a growing body of military families research that suggests a relationship between deployment related parental distress and child outcomes. ZERO TO THREE reports that parent's PTSD symptoms predicted child depression, internalizing behaviors and externalizing behaviors; depression served as robust predictor of child's internalizing behaviors (Lester, et al., 2010); and National Guard soldier parents' PTSD had both direct and indirect effects on self-reported parenting behaviors, including impaired parenting (Gewirtz, Polusny, Khaylis, Erbes & DeGarmo, 2010). Additional research that specifically explores the risk and protective factors of infants and toddlers of military and veteran families affected by injury, trauma, or loss is warranted.

In order to address the needs of the growing number of military members with young children, over the past decade, ZERO TO THREE has launched a number of projects to help military families meet the developmental and nurturing needs of their young children (See Appendix 7).

Recognizing that 250,000 veterans transition from the military each year, including active and reserve troops, ZERO TO THREE has been expanding its focus to resources for veterans and their families with young children. The Coming Together program has been adapted and piloted for veteran families in Los Angeles and Chicago. In addition, ZERO TO THREE has adapted existing materials to address the transitional experiences of veteran families. Resource materials have been distributed to 100 Illinois-based programs in order to serve up to 2400 families and 1200 professionals, and ZERO TO THREE is also exploring opportunities to distribute materials more widely. Furthermore, ZERO TO THREE is currently developing a parent app and video podcasts for dissemination across Illinois.

> CONNECTING WITH COMMUNITIES

The Office of Warrior and Family Support (www.jcs.mil/wfs) of the Office of the Chairman of the Joint Chiefs of Staff has as its mission "Through a grass roots focus and a community based methodology, the Warrior and Family Support Office strengthens our relationship of trust with the Nation by connecting and assisting with communities to support collaborative efforts that help our Service members, returning Veterans, their Families, and the Families of the Fallen with transition and reintegration." Thus

the thrust of its work is not to just focus on what the federal government agencies can do, but to figure out how to engage with communities to increase public awareness, encourage community involvement, promote community services, and enable warrior and military family care using a community-based approach.

WARRIOR & FAMILY SUPPORT OFFICE Excerpt from *Keeping Faith with our Military Family*

"The uncertain economic environment coupled with an "epidemic of disconnection" between the military and society at large proves a challenge for today's military family in transition and reintegration. Reintegration requires a triad of support: career-building education, meaningful employment, and access to well-being programs. No single governmental agency can handle these tasks alone, nor should it. As a Nation, we must build key partnerships between national and community efforts, coordinate those efforts, and face the challenges together. Communities have come forward in a "Sea of Goodwill" forming



coalitions and community action teams to assist with reintegration. Change is also under way with Service transition programs that prepare our military families for a more effective reintegration. Although challenged, our military family strives to continue to serve. The potential of greatness to become community leaders and contributing members of society is manifested from the opportunity of its successful reintegration. (p.4)

Office of the Chairman of Joint Chiefs of Staff November 2012

[www.jcs.mil/content/files/2013-01/011513104354_1-14-2013_-_Keeping_Faith_with_Our_Military_Family_\(Final\).pdf](http://www.jcs.mil/content/files/2013-01/011513104354_1-14-2013_-_Keeping_Faith_with_Our_Military_Family_(Final).pdf)

> ENGAGING COMMUNITIES TO ACCESS JOBS AND HOUSING

For persons who are Active Duty and their families, transitioning from the military to veteran status can mean reintegrating back into the community where they lived previously or moving to a new place. Employment and housing serve as two bell-weather of the well-being of our veterans and their families. While the unemployment rate for male veterans of 8.3% (844,000) in 2011 is actually lower than the general rate in the civilian population, the rate for Gulf War II era veterans is 12.1%, higher than the non-veteran rate of 8.7%. For women veterans, the rate of unemployment is higher than for non-veterans (12.4% as opposed to 8.2% in 2011) (Bureau of Labor Statistics, 2012 www.bls.gov/news.release/pdf/vet.pdf, Employment Situation of Veterans – 2012.

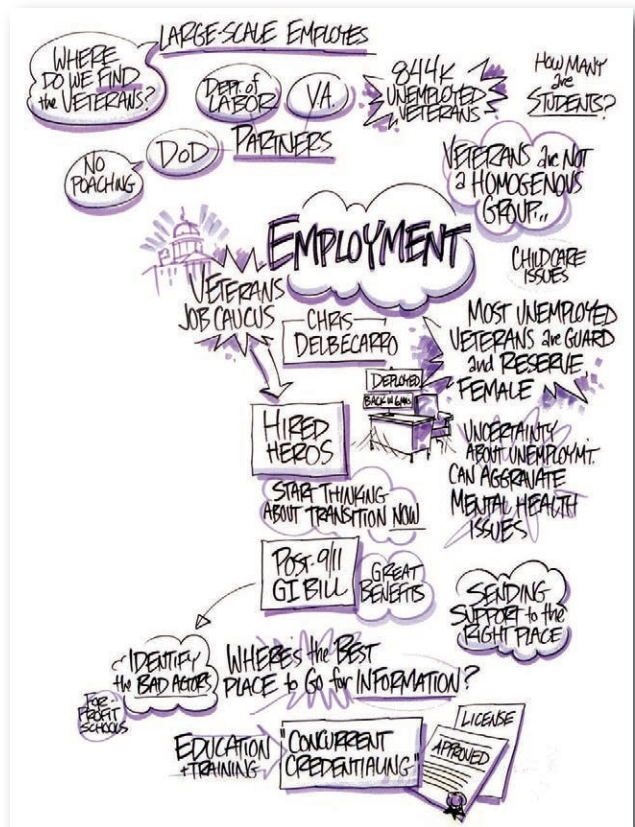
Jobs.

Finding good jobs and translating military skills and experiences into civilian jobs is an on-going concern. Almost \$1 billion is spent by the Department of Defense on unemployment

compensation for veterans who voluntarily leave the military. There are multiple federal agencies that have some role to play. For example, the Department of Defense trains future veterans, the Department of Labor has a role and responsibility to work with states regarding unemployment and job training, and the VA has a lifetime commitment to serving veterans. In terms of job finding and job creation and recruitment into jobs – questions are asked of who is responsible – is it the federal government, is it the VA, is it institutions of higher education,

is it the Department of Defense? One step in considering issues related to jobs for veterans, is for recruits to begin to think about what they will do when they leave the military, at the time they enter the military. The heterogeneity of veterans is another factor that makes developing and targeting services to veterans regarding job and job skills complex. The Congressional Veterans Jobs Caucus is trying to address some of these issues with its *Hire A Vet* program, especially focusing on large employers, and through its oversight and study of legislation and policies that can help address jobs and employment issues.

In regard to job seeking and employment opportunities, there are different issues for those in rural and urban communities, and differences based on levels of education and acquisition of specific marketable skills. Another issue is that someone may develop a technical skill in the military but they may not be certified or



licensed to perform that skill in the civilian world without additional schooling or some other timing delay. Congress attempted to resolve this issue in terms of federal licenses and certifications with the passage of the Veterans Skills to Jobs Act in July 2012 (126 STAT. 1138 PUBLIC LAW 112-147—JULY 23, 2012) ensuring that training received while a member of the Armed Forces is considered when applying for a federal license.

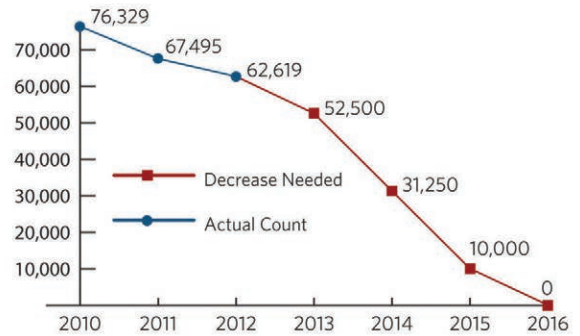
The reliance on the military Reserves in the Iraq and Afghanistan wars has been particularly difficult for small companies that often cannot afford to fill in with temporary employees when employees are away from their job for an extended period of time. Larger companies, on the other hand, can afford staff to be called up because they have more flexibility and are not so dependent on just a few employees. Further, in surveys regarding veteran employment, many firms reported that uncertainty

By the Numbers Annual Benchmarks to End Veteran Homelessness

5 year goal: in November 2009, the VA unveiled a 5-year plan to end veterans homelessness

29 of every 10,000 veterans are homeless

62,000 homeless veterans on any given night



Available at http://b.3cdn.net/naeh/e5805c41fada11621d_s1m6vgkyi.pdf

about potential future reserve call-ups affected their willingness to hire veterans and reservists, even though such discrimination is illegal (Berglass & Harrell, 2012).

The number of veterans who are single parents and the growing numbers of women veterans suggests that besides finding a job, consideration needs to be given to the availability and accessibility of child care.

**CONGRESSIONAL
VETERANS
JOBS CAUCUS**



One example of a relatively new caucus is the launch of the Congressional Veterans Jobs Caucus in 2013 (<http://denham.house.gov/HireAVet>). The bipartisan caucus was established by Congressman Jeffrey Denham (R-CA). The Jobs Caucus is working to understand the scale of the problem of finding good jobs for veterans and to determine what partnerships can be developed to address these issues. The Caucus is not necessarily seeking to start a new federal program, but rather to improve how federal employment portals might better link to each other; to get companies to subscribe to the Hire Veterans vow; and to enhance efforts in employment when transitioning from the military to veteran status.

Housing. About 13% of homeless adults (62,619) are veterans. The largest number of homeless veterans are not veterans of the Gulf Wars. However Gulf War veterans who are homeless are also more likely to be younger and to have a disability such as PTSD, and not likely to receive disability services. Using data from the Department of Housing and Urban Development (HUD)/ Department of Veterans Supported Housing program (VASH), a 2012 report examining the demographics of homeless veterans who served in Iraq and Afghanistan found that there were gender differences as well as differences from previous cohorts of homeless veterans. The researchers recommend that because of the prevalence of PTSD in the more recent homeless veterans, there should be more aggressive early intervention as well as assistance securing disability pensions (Tsai, Pietrzak, Rosenheck, 2012).

As with recent efforts in serving persons with severe mental illness who are homeless through Housing First programs, it is suggested that in dealing with veterans who are

homeless, it is best to deal with the housing issues first, by moving people into their own apartments, and then address the multiple other needs that the veteran might have.

HUD VASH

The Department of Housing and Urban Development – VA Supportive Housing (HUD-VASH) Program is a joint effort between HUD and VA to move Veterans and their families out of homelessness and into permanent housing. HUD provides housing assistance through its Housing Choice Voucher Program (Section 8) that allows homeless Veterans to rent privately owned housing. VA offers eligible homeless Veterans clinical and supportive services through its health care system across the 50 states, the District of Columbia, Puerto Rico and Guam.

From FY 2008 through FY 2011, HUD has allocated funding to local public housing authorities to provide over 37,000 Housing Choice Vouchers to homeless Veterans while VA has hired dedicated VA case managers to assist homeless Veterans in securing and maintaining permanent housing through intensive case management.

CRITICAL THEMES

The demographics of our veterans populations are changing — with veterans becoming younger and more diverse; having chosen to voluntarily enter the military; with more women serving in the armed forces; with more single parents; with more parents of young children; and with many veterans facing their future living with chronic health and mental health conditions as a consequence of injury coupled with improved medical interventions. We need to rethink how we create programs and policies that will ensure the physical, economic, psychological and social well-being of our nation’s veterans and their families.

Despite a growing budget coupled with an overall decline in the number of veterans, we can no longer assume that all services to veterans will be organized and coordinated through the Department of Veterans Affairs. Additional leadership and resources will be needed from the executive and legislative branches of the federal government. We also need:

- > engaged communities;
- > veterans and their families at the planning table for policy, programs and research;
- > well-informed workforce able to deliver evidence-based interventions; and
- > collaboration, communication and coordination across levels of government, service sectors, multiple disciplines and between professionals and consumers.

As the discussions at the symposium moved forward, some overarching themes began to crystallize. These are summarized in the figure, highlighting 15 themes, indicating that multiple

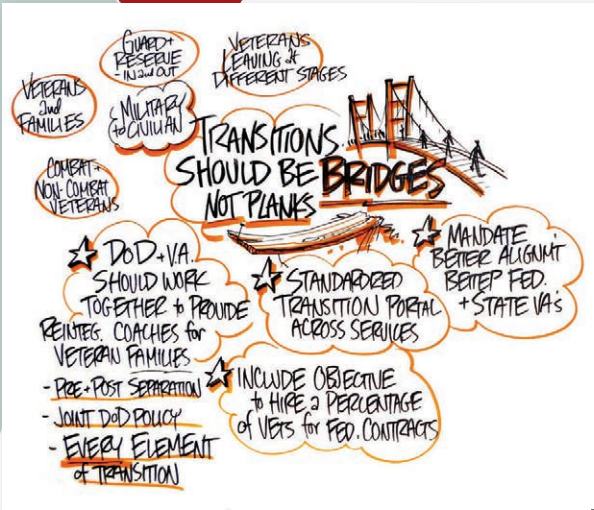


actions are required to enhance outcomes for today’s veterans and their families. The focus is on the role of government across levels; the importance of engaging veterans and their families in programs, policy and research – beginning with the planning; and the importance of community involvement and community level services.

To further flesh out actions that need to be associated with these themes, the participants deliberated in small groups that focused on policy, communication, research, the role of universities, the role of national organizations and

next steps in creation of a national covenant. Each group identified an action agenda. Implementing the agenda for action will require involvement of key stakeholders, the creation of the political will to ensure a policy safety net; and the readiness at the federal, state and local levels of government, and numerous private sector entities to work together.

ACTION AGENDA



Recommendations for policy changes (enhancements) at the federal and state levels are necessary to improve outcomes for veterans and their families?

Recommended actions should focus on planned and comprehensive transitions – using as a mantra – **Transitions should be Bridges, Not Planks**. We need to ensure that policies reflect attention to all veterans, no matter their status or military service, including the Guard and Reserves who go in and out of service. Recognition is needed that veterans leave the military and transition to veteran status at different life stages and for different reasons, so that just one transition process will not work for everyone. For example, not all veterans have seen combat, but that does not mean they do not need specialized attention as they transition to civilian status.

Recommendations targeted at the federal level to the Joint Chiefs of Staff, DoD and VA include:

- > Create a joint DoD/VA policy for every element of transition from the military to veteran status.
- > Create an accessible, comprehensive, standardized transition portal across all relevant branches of government.
- > Coordinate efforts between DoD and

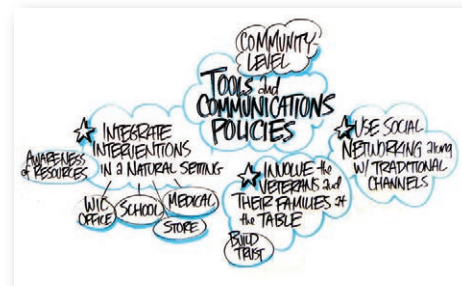
VA to provide re-integration coaches to work with each veteran’s family pre/post separation to provide support and assistance through each stage of transitions, beginning with the planning for the transition.

Recommendations that target federal agencies beyond the DoD and VA.

- > Create a program that encourages government contractors to hire a specific percentage of veterans. This could be implemented through the Small Business Administration.

Recommendations that target coordination between federal and state governments.

- > Create a mandate to align programs and initiatives between federal and states’ veterans’ administrations and programs.



Recommendations for Enhanced Communications and Tools that will Result in the Enhanced Well-Being of Veterans and Their Families

The recommendations underscore that interventions for veterans and their families need to:

- > Be integrated in a natural environment. For example, data gathering and services should be available where veterans and families go for support and normative services. This could

include settings such as WIC offices, schools, stores (Walmart), medical offices.

- > Take place at the community level.
- > Involve the input and perspective of veterans and families in outreach strategies/programs/service planning/needs assessment
- > Use social networking strategies as well as traditional platforms to assess needs and to communicate information about service options and settings.



Recommendations for Developing and Implementing a Research Infrastructure and Culture

The recommendations target the building of research infrastructure, the use of multiple research methodologies, the need to focus on a broad array of research questions, and the importance of gathering essential data in order to have more complete demographic data on veterans and their families as well as prevalence of health and mental health needs.

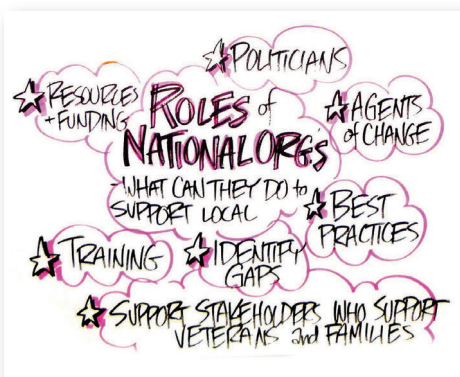
Specific recommendations include:

- > Add questions to routine assessments in health and human services (physician assessments including pediatrician assessments, school assessments, housing, etc.) in order to enhance needs assessments.
- > Add questions to routine national

surveys to have more robust demographic data on the attributes of veterans and their families (e.g., the National Survey of Drug Use & Health; U.S. Census)

- > Plan and undertake community-based participatory research that includes veterans and families as partners from the beginning of the planning of the study and identifies how and to whom findings will be disseminated. This helps to enhance the usefulness of research findings.
- > Promote intervention research and longitudinal research that tests effective interventions and tracks the outcomes for veterans and their families over time.
- > Enhance the gathering of data and development of research studies targeted to those populations that are most at-risk.
- > Encourage patient-reported outcomes in order to build the knowledge base of validated outcomes that are important to the veterans.
- > Encourage support for both qualitative and quantitative research.
- > Create federal, state and local research partnerships.

Recommendations Related to the Role of National Organizations Working Together with Federal Agencies, to More Fully Enhance Accessibility to and Quality of Needed Services?



In looking at the roles of national organizations there are several recommendations that need to be considered. These include:

- > Describe ways that national organizations support training and program development on the state and local levels. For example, how can NASW chapters be engaged with community-based service development and cross-agency collaborations to help with service coordination and accessing of community resources and mental health services.
- > Create training and professional development opportunities related to veterans and their families (e.g., NASW webinars, CSWE Advance Practice Standards, USC CIR CEUs and Military Social Work Specialization) to support veteran relevant competencies.
- > Work together as advocates to identify service gaps and to ensure availability of essential resources and funding.
- > Serve as agents of change, working together across faith-based organizations, schools, early childhood programs, federal agencies, non-profits, universities and representatives of community-based agencies to promote the well-being and to address the needs for services and supports for veterans and their families.

INDEPENDENT BUDGET

Four of the major, long-standing veterans service organizations, AMVETS (American Veterans), Disabled American Veterans (DAV), Paralyzed Veterans of American (Paralyzed Veterans), and Veterans of Foreign Wars of the United States (VFW), and supported by a few dozen other organizations – develop a comprehensive budget and policy document with recommendations to address the needs of veterans of all branches of military service.

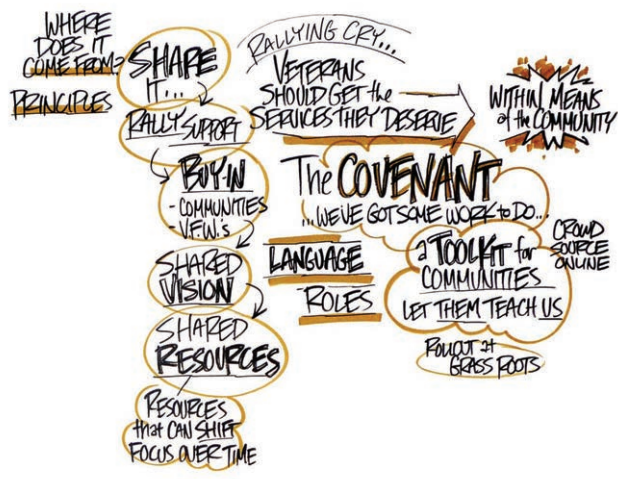
Called the Independent Budget, it is released concurrent to the Administration’s budget. The FY 2014 Independent Budget recommendations can be found at www.independentbudget.org/2014/CI_2014.pdf.

Recommendations for Universities including schools of social work to improve outcomes for veterans and their families, including attention to the curriculum and to partnerships are among disciplines and with community service providers.



Although the think tank planners assumed that the discussion and recommendations would focus on issues of curriculum and professional development, the recommendations actually focused on the broader role of universities in connections to working with, educating, studying and serving veterans. Thus recommendations propose that:

- > Universities can serve as key points of entry as individuals make the shift from military to veterans’ status by becoming students. Thus universities can assist with transition programs and processes and can provide support services and centers.



Recommendations for Next Steps in Creating a National Covenant

While the key points of the USC National Covenant document were reinforced through the presentations, discussions and deliberations, it became clear that there continues to need to be a lot of work undertaken in terms of both policy and programs. A one-size

fits all policy will not meet the needs of our increasingly heterogeneous veterans and neither the VA nor the federal government will fulfill all of the roles and needs. Nor can communities muster an adequate response on their own. While the White House and the DoD and the VA have major roles to play, a National Veterans Covenant or National Veterans Policy could probably not just be developed from the top down to be effective.

Therefore the following recommended next step actions will require the need to further educate stakeholders and build capacity to move a National Covenant forward.

- > Universities are well positioned to develop theoretical and conceptual frameworks that can undergird curriculum, development of field placements and professional development.
- > Universities, for example schools of social work, are positioned to partner with VA hospitals and other services settings to undertake research and to develop effective and evidence-based interventions.
- > Universities can serve as a forum for exchange of ideas about what works and what gaps exist and how to test new interventions. Universities are natural and neutral conveners.
- > Universities are key settings to promote effective interprofessional practice by educating different disciplines together to work with veterans and their families.
- > Universities can be catalysts for research studies on policies and practices to serve veterans and their families and are generators and aggregators of knowledge and information.

- > Create a buzz for an overarching rallying cry—"Veterans Should Get the Services that they Deserve" and then create top-down and bottom-up efforts to share this across settings and systems in order to engage multiple stakeholders, including the use of crowd-sourcing on-line strategies.
- > Create a toolkit for communities to create bottom-up solutions, in sync with federal and state resources that can be disseminated and replicated in other settings.

- > Explore service options across diverse communities and settings so that veterans and their families in rural settings or in under-resourced communities are not disadvantaged by their location or by inequities due to disparities or racial inequities.
- > Create a shared vision across veterans serving organizations. This would reconcile how addressing the needs of this new generation of veterans and their families, and these changing demographics can best be aligned and supported in the traditional veterans service organizations that are serving and advocating for the larger numbers of older veterans, who are less diverse, use veterans services in different ways, were not part of an all-volunteer army and have different expectations of what is their due.

To accomplish this we need to be careful to not look at a one-size fits all strategy and also make sure that we are responsive to the cultural diversity of veterans and their families. There needs to be the engagement of a very broad group of stakeholders and partners (e.g., Child and Family Futures; Head Start and Early Head Start; PTA and other education organizations). Non-veterans-centric organizations and service providers will need to be attuned to the needs of veterans and the lived experience they bring which can impact their families, their work-life, their communities and the institutions that serve their children and family members. We also need to engage state and local affiliates of national organizations. One example is to engage state NASW Chapters to be part of community capacity-building and to be involved in workforce development strategies.



CONCLUSIONS

and services targeted to veterans and their families and communicate the availability of those programs through multiple means

the needs of children of veterans through early childhood and school-based supports and services.

- > Develop a robust research program that will ensure development of effective and evidence-based programs and that will follow the career and life trajectory of members of the military as they transition in and out of the Armed Forces.
- > Create high quality professional development opportunities to ensure that social workers, psychologists, teachers, physicians, nurses and other professionals are well-prepared to serve the needs of tomorrow's veterans.

The key points of a National Covenant for Veterans and their Families were reinforced by this think tank but just stating "what should be" is not a sufficient response. There must be many action steps taken by multiple stakeholders to actually meet the goals of a National Covenant and bring it to reality.

We now know, that over the next 30 years our mental image of veterans in the United States will change dramatically, and that the veterans of the Gulf Wars are the faces of the veterans of the future. This means that there will be more women veterans, that there will be greater racial and ethnic diversity and that veterans will be the products of an all-volunteer army.

While the Department of Veterans Affairs has many major roles and responsibilities to address the health and well-being of veterans, it cannot be wholly responsible and responsive to the extremely heterogeneous needs of our large and increasingly diverse veterans. We should expect the following to occur:

- > Hold key federal agencies accountable and encourage the White House, DoD and the Department of Veterans Affairs to collaborate and communicate.
- > Encourage and expect multiple federal agencies to develop programs

including use of social media.

- > Foster and facilitate communications among veterans and their families; and between veterans and their families and service providers and policy-makers.
- > Engage federal, state and local policy-makers in the development and sustainment of programs and services targeting the health and well-being of veterans, including strategies to engage and collaborate with the private sector (e.g., employers, foundations, universities).
- > Coordinate services and policies across levels of government.
- > Develop and implement community-led and veteran-led solutions.
- > Make special efforts to address the needs of veterans and their families as they transition between military and civilian life, including breaking down barriers to employment in the civilian workforce.
- > Recognize the rights of veterans and their families to access to high quality services and supports.
- > Ensure that services are available to address the health, mental health, employment, training, housing, and education needs of veterans and their families in communities across the United States, including addressing

Enhancing the Well-Being of America's Veterans and their Families can serve as a call to action. To accomplish the action agenda we will need to engage numerous stakeholders from the United States Congress, the White House, the DoD, VA and other federal agencies, professional associations, organizations that represent the military and veterans and their families, national organizations and community service providers (e.g., Easter Seals and Volunteers of America), universities, and community health and behavioral health providers. There are no easy answers, especially to addressing complex and potentially long-term issues for those with injuries and disabilities. Our work cannot wait - we need to work together with veterans and their families and with the institutions that can and do provide services. We need to know where the gaps are and use multiple tools and strategies to ensure that the needs of every veteran and their families are well met in a timely and quality fashion.

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APPENDIX

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I > PARTICIPANT LIST

SPEAKERS

Phillip Carter

Center for a New American Security
Military, Veterans and Society Program
Washington, DC

Lisa J. Colpe, PhD, MPH

National Institute of Mental Health Division
of Services and Intervention Research
Bethesda, MD

Christopher Del Beccaro

Congressman Jeff Denham (R-CA)
Congressional Veterans Jobs Caucus
Washington, DC

Diane Elmore, PhD, MPH

National Center for Child Traumatic Stress
Durham, NC

LT. Col. Christopher T. Ford, MS, MA

Office of Warrior and Family Support
The Joint Chiefs of Staff
Washington, DC

Anthony Hassan, EdD, MSW

University of Southern California
Center for Innovation and Research on
Veterans and Military Families
Los Angeles, CA

Dorinda Silver Williams, MSW, LCSW-C

ZERO TO THREE
Military Family Projects
Washington, DC

Marleen Wong, PhD, MSW

University of Southern California
School of Social Work
Los Angeles, CA

PARTICIPANTS

David L. Albright, PhD, MSW

University of Missouri
Columbia, MO

Susan Angell, PhD, MSW

Homeless Veterans Initiative Office
Washington, DC

Kathryn Basham, PhD, MSW

Smith College
School for Social Work
Northampton, MA

Lynly Boor

United Service Organization
Washington, DC

Jeannie Campbell

National Council for Behavioral Health
Washington, DC

Carl Castro, PhD

US Army, Fort Detrick
Fort Detrick, MD

Magdalena Castro Lewis

National Alliance for Hispanic Health
Washington, DC

Judi Ward Dekle, MSSW

US Department of Defense
Military Community and Family Policy
Alexandria, VA

Margarita Devlin, MA

Vocational Rehabilitation and
Employment Service
US Department of Veterans Affairs
Washington, DC

Kathy Dinegar, LICSW

Ft. Belvoir Community Hospital
Department of Veterans Affairs
Fort Belvoir, VA

Donna M. Doolin, MSW

Center for Substance Abuse Treatment
Substance Abuse and Mental Health
Services Administration
Rockville, VA

Bill Errico

Pearl Interactive Network
Government Practice
Great Falls, VA

Michelle Fernandez, BS, MSW

Washington, DC

Tony Forbes

The Joint Chiefs of Staff
Washington, DC

Deborah Gioia, PhD, LCSW-C

University of Maryland, Baltimore
School of Social Work
Baltimore, MD

Norma G. "Cindy" Jones, PhD

Fayetteville State University
MSW Program- Army- Fayetteville State
Fort Sam Houston, TX

Heather Kelly, PhD

American Psychological Association
Washington, DC

David Kennedy, MSW

Program Manager; Military OneSource
Military Community and Family Policy
Alexandria, VA

Michael T. Kilmer, MSW

US Department of Veterans Affairs
Office of Patient Care Services
Washington, DC

Danielle Latimore, MSW

Veterans Health Administration
Homeless Programs Office
Washington, DC

Cathleen Lewandowski, PhD, MSW

George Mason University
Department of Social Work
Fairfax, VA

Ann McCulliss Johnson, MSW

US Army Medcom
Behavioral Health
Jacksonville, FL

Kimberly Mitchell, MA

Dixon Center
Washington, DC

Jane Morgan, MSW

Capacity Division, Children's Bureau
Administration for Children and Families
Washington, DC

**Patricia G. Moseley, PhD, LMSW,
ACSW, DCSW**

OASD(HA)/TRICARE
Office of Chief Medical Officer
Falls Church, VA

Jessica Pryce, MSW

Howard University
School of Social Work
Washington, DC

Barbara Pryor

Casey Family Programs
Public Policy
Washington, DC

Joyce Wessel Raezer, MA

National Military Family Association
Alexandria, VA

Meg Rapyele, MSW

Military Partners and Families Coalition
Chester, VA

Rafiq Raza, MSW

Global War on Terrorism
Orlando Vet Center
Orlando, FL

Jo Ann Regan, PhD, MSW

Council on Social Work Education
Office of Social Work Accreditation
Alexandria, VA

David S. Riggs, PhD

Uniformed Services University of the Health
Sciences Center for Deployment Psychology

Stephen Robinson

Prudential Financial
Newark, NJ

Jonathan E. Sherin, MD, PhD

Volunteers of America
Chief Medical Officer
Alexandria, VA

Franklyn Steinberg

Lewis-Burke Associates
Washington, DC

Justin Stevens

National Governors Association
Office of Federal Relations
Washington, DC

Michael Turner

Mental Health America
Alexandria, VA

Raymond Weeks

Prudential Financial
Veterans Initiatives
Newark, NJ

SPECIAL OBSERVER

Alice Wheat, MSW, MPP

National Conference of State Legislators
Denver, CO

NASW STAFF

Robert Arnold, MPS

National Association of Social Workers
Foundation
Washington, DC

Elizabeth Hoffer, MSW, ACSW

National Association of Social Workers
Washington, DC

Angelo McClain, PhD, LICSW

National Association of Social Workers
Washington, DC

Kelsey Nepote, MSW

National Association of Social Workers
Washington, DC

Danielle Spears, BSBA

Social Work Policy Institute
National Association of Social Workers
Foundation
Washington, DC

Melvin Wilson, LCSW, MBA

National Association of Social Workers
Washington, DC

Joan Levy Zlotnik, PhD, ACSW

Social Work Policy Institute
National Association of Social Workers
Foundation
Washington, DC

GRAPHIC FACILITATOR

Jim Nuttle

Crowley and Company

2 > AGENDA

WEDNESDAY, JUNE 12, 2013

5:30pm REGISTRATION

6:00pm RECEPTION/ DINNER FOR ALL PARTICIPANTS

WELCOME & INTRODUCTIONS
Angelo McClain, CEO, National Association of Social Workers

PURPOSE & GOALS OF SYMPOSIUM
Anthony Hassan, Director, USC Center for Innovation and Research on Veterans and Military Families
Joan Levy Zlotnik, Director, Social Work Policy Institute (SWPI), NASW Foundation

8:30pm ADJOURN

THURSDAY, JUNE 13, 2013

8:30am REGISTRATION AND CONTINENTAL BREAKFAST

9:00am INTRODUCTIONS AND REVIEW OF EXPECTED OUTCOMES
Joan Levy Zlotnik, Director, NASW Social Work Policy Institute

9:15am SETTING THE STAGE AND INTRODUCTION OF KEYNOTE SPEAKER
Anthony Hassan, Director, USC Center for Innovation and Research on Veterans and Military Families

9:25am **KEYNOTE ADDRESS - UPHOLDING THE PROMISE: SUPPORTING VETERANS AND MILITARY PERSONNEL**
Phillip Carter, Director of the Military, Veterans and Society Program, Center for a New American Security

10:00am **NATIONAL VETERANS' POLICY – A VIEW FROM KEY SECTORS**
Families and Children–Dorinda Williams, Zero to Three
Housing & Homelessness–Christopher Ford, Office of the Chairman of the Joint Chiefs of Staff
Health & Mental Health–Diane Elmore, National Center for Child Traumatic Stress

11:15am **DISCUSSANT PANEL**
Education & Children–Marleen Wong, USC School of Social Work
Mental Health Services–Lisa Colpe, National Institute of Mental Health
Employment–Chris Delbecarro, Office of Congressman Jeff Denham (R-CA), Veterans Job Caucus

12:00pm **PURSUING A COVENANT TO ENHANCE THE WELL-BEING OF AMERICA'S VETERANS AND THEIR FAMILIES**
Anthony Hassan–USC Center for Innovation and Research on Veterans and Military Families

12:15pm NETWORKING LUNCH (PROVIDED)

1:15pm SMALL GROUP GUIDED DISCUSSIONS AND WORLD CAFE

2:45pm GROUP ACTION PLANNING AND TARGETED RECOMMENDATIONS

4:00pm WRAP-UP AND NEXT STEPS

4:30pm ADJOURN

3 > SPEAKER BIOGRAPHIES

Phillip Carter, JD, is Senior Fellow and Counsel for the Center for a New American Security, where he directs the Military, Veterans, and Society program. His research focuses on issues facing veterans and military personnel, force structure and readiness issues, and civil-military relations.

Mr. Carter began his national security career as an Army officer, serving for several years in the active and reserve components as a military police and civil affairs officer. He deployed to Iraq where he served as an embedded adviser with the Iraqi police in the Diyala province, and worked closely with the State Department's Provincial Reconstruction Team. After returning, Mr. Carter became increasingly involved in veterans and national security policy issues. In 2007, Mr. Carter worked with up the Obama campaign on veterans policy committee. In 2009, he served as a political appointee in the Obama administration, responsible for detainee policy issues.

In addition to his military and government experience, Mr. Carter has extensive experience as a national security lawyer and business executive. He previously practiced law with the international law firm McKenna Long & Aldridge LLP, where his practice focused on government contracts and national security issues. Following this law practice, from 2011 to 2013, Mr. Carter served as chief operating officer for Caerus Associates, a strategy and design firm.

In addition to his work at CNAS, Mr. Carter also serves on several boards of directors and continues to write extensively on legal and national security issues.

Lisa J. Colpe, PhD, MPH, is the Chief of the Office of Clinical and Population Epidemiology Research (OCPER) in the Division of Services and Intervention Research (DSIR) at the National Institute of Mental Health, NIH. Dr. Colpe is a clinical psychologist with postdoctoral training in epidemiology and survey methodology.

The OCPER supports research on the identification of risk and resilience factors associated with the onset of mental disorders and suicide-related behaviors, and on the development of epidemiologic methods to track trends in the prevalence of mental disorders, and the utilization of mental health services, in the United States over time. She also serves as a collaborating scientist on the Army Study to Assess Risk and Resilience in Service member (STARRS) cooperative research project grant where she contributes to the psychiatric epidemiology and survey design aspects of the study.

A Captain in the Commissioned Corps of the US Public Health Service, Dr. Colpe has previously held positions as a Senior Program Management Officer at the Substance Abuse and Mental Health Services Administration (2007-2009); the NIH Assistant Director for Roadmap Coordination overseeing NIH Roadmap activities from 2005 to 2007 and the Chief of the Psychopathology Risk and Protective Factors Research Program at NIMH (2000-2005). She completed her post-doctoral epidemiology fellowship at the Centers for Disease Control and Prevention (CDC) in 1999.

Christopher Del Beccaro, BA, is currently a Legislative Aide for Congressman Jeff Denham (R-CA) and covers veterans, healthcare and defense issues as a part of his portfolio. Additionally Chris is the staff lead for the bipartisan, bicameral Congressional Veterans Jobs Caucus which includes 70 Members of the House of Representatives and 40 Senators. The caucus is a group of Members focused on decreasing the unemployment rate of the nation's 844,000 veterans (as of February 2013) who are currently looking for work. The caucus's signature initiative is the "I Hire Veterans" program.

Prior to working for Mr. Denham, Chris was involved in Congressional races in Washington and California. Christopher graduated from Washington State University in 2008 with a BA in History.

Diane Elmore, PhD, MPH, is the Director of the Policy Program for the UCLA-Duke University National Center for Child Traumatic Stress. She is also an Adjunct Professor in the School of Public Affairs at the American University. Previously she served as the Associate Executive Director of the American Psychological Association's (APA) Public Interest Government Relations Office, Director of the APA Congressional Fellowship Program, and coordinator of the association's activities related to military service members, veterans, and their families.

Dr. Elmore also served as an APA/AAAS Health Policy Fellow in the Office of U.S. Senator Hillary Rodham Clinton and as the SPSSI James Marshall Public Policy Scholar at APA. She received her PhD in Counseling Psychology from the University of Houston, MA and BA in Psychology from Pepperdine University, and MPH from Johns Hopkins University with a dual concentration in health policy and public health preparedness. She completed her predoctoral internship at the Honolulu Veterans Affairs Medical Center/National Center for PTSD, Pacific Islands Division. Dr. Elmore currently serves as a Member of the Board of Directors for the International Society for Traumatic Stress Studies (ISTSS); Chair of the ISTSS Public Policy Committee; Chair of the APA Division 56 (Trauma Psychology) Public Policy Committee; and Member of the Advisory Board for Voices of September 11th.

Anthony M. Hassan, EdD, MSW, was appointed clinical associate professor at the USC School of Social Work in 2009, serving as the inaugural DIRECTOR of the Center for Innovation and Research on Veterans and Military Families (CIR) and chair for the military social work program. A retired Air Force officer, he brings 25 years of experience in military social work and leadership development.

Hassan's career has been marked by an interest in administration, leadership and innovation. He previously served as deputy department head of the Leadership Directorate and director of the master's degree program in counseling and leadership at the United States Air Force Academy in Colorado Springs. He transformed the graduate program's curriculum ensuring quality education for more than 80 top-tier Air Force commanders and improving cadet leader development and squadron organizational performance. Prior to the Air Force Academy, he was the CEO of a military community mental health center, which ranked No. 1 of 10 community mental health centers in the region for productivity and "best clinic." Hassan served during Operation Iraqi Freedom in 2004 on the first-ever Air Force combat stress control and prevention team embedded with the Army. He was also hand-selected to assist and educate East-African countries in 2006 with capacity building for disaster response. Adding to his work abroad, Hassan led the largest military substance abuse and family advocacy programs in the Pacific which were recognized as benchmark programs and training sites for all other Pacific bases. His unique combination of experiences contributes greatly to his success as a leader, educator, researcher and innovator. Hassan's blend of advanced clinical practice, military experience, education and classroom instruction have been recognized with more than \$19 million in grant and gift funding in 2009-2012.

In just three years at USC, Hassan has been instrumental in the exponential growth of the Military Social Work specialization, the launch of the first international journal in Military Behavioral Health, the development of innovative avatar simulations to advance and evaluate social work clinical practice skill, and the positive relationships with the most senior level Defense, Congressional, White House, and City of Los Angeles leadership. As a result, CIR is recognized as a national and international leader in military behavioral health education, research, and community capacity building.

Hassan's scholarship encompasses a diverse array of publications and presentations in social work, leadership, higher education administration, military and pedagogy. He is in demand as one of the most dynamic speakers for both military and civilian audiences across the United States.

Lieutenant Colonel Christopher Ford graduated from the United States Air Force Academy in 1994 with a BS in Biology and later graduated from the University of South Carolina with a Masters of Criminal Justice Degree in 2000.

Lt Col Ford was commissioned a second lieutenant on May 31, 1994. As a security forces officer, he served in a variety of positions including flight commander, squadron commander, wing executive office, and as war plans officer and legislative liaison at Headquarters Air Force. During his career, Lt Col Ford has deployed throughout the world to include Kuwait, Oman, and Iraq. He is a graduate of the Air Force' Squadron Officer School, the FBI's National Academy, Air Command and Staff College, the Naval Postgraduate School and Air War College.

Lt Col Ford's combat experience includes assignment as the Executive Officer, 405th Air Expeditionary Wing. Then, Captain Ford deployed with the 7th Bomb Wing to Operation Enduring Freedom from December 2001 to May 2002 establishing the largest combined combat wing supporting post 9/11 operations in the Middle East. He once again deployed in support of Operation Iraq Freedom to Iraq in June 2009 as the 732nd Expeditionary Security Forces Squadron Commander leading nearly 500 combat Airmen executing Law & Order, Police Transition, and Military Working Dog missions across Iraq. Lt Col Ford served on the Joint Staff as the Deputy Director, Joint Staff Security from June 2010 to December 2012. Currently, Lt Col Ford is assigned as Regional Director, West in the Chairman of the Joint Chiefs of Staff's Office of Warrior and Family Support.

His personal decorations include the Bronze Star Medal, Meritorious Service Medal, Air Force Commendation Medal, and the Air Force Achievement Medal.

Angelo McClain, PhD, LICSW, is the Chief Executive Officer of the National Association of Social Workers. He joined NASW after serving six years as Commissioner for the Massachusetts Department of Children and Families, a position appointed by Governor Deval Patrick. While there, he oversaw a budget of \$850 million and a workforce of 3,500 employees to address reports of abuse and neglect for the state's most vulnerable children, partnering with families to help them better nurture and protect their children.

Prior to that position, Dr. McClain was Vice President and Executive Director of Value Options New Jersey where he built and oversaw administrative, clinical and quality management program infrastructures that increased access to behavioral health services for children and youth, including those in the juvenile justice system. As Vice President of Network Management and Regional Operations for the Massachusetts Behavioral Health Partnership, Dr. McClain developed and maintained a provider network capable of delivering high quality, responsive services to 450,000 Mass Health members.

Dr. McClain grew up in Texas, and is a distinguished alumnus of Cal Farley's Boys Ranch. He holds a Bachelor of Science in Social Work from West Texas State University, a Master of Science in Social Work from the University of Texas at Arlington, and a PhD in Social Work from Boston College Graduate School of Social Work. He is also an adjunct faculty member in the Urban Leadership Program at Simmons College Graduate School of Social Work.

Dorinda Silver Williams, ACSW, LCSW, is the Director of Military Family Projects at ZERO TO THREE. She has worked extensively with the military population throughout her career, including with the Family Advocacy and New Parent Support programs.

Since joining ZERO TO THREE in 2004, Ms. Williams has developed trainings, resources, and materials designed to promote interdisciplinary capacity to safeguard the health and development of very young children in the context of deployment related separation, parental physical injury, psychological injury, and other stressful family dynamics. Ms. Williams developed "Research and Resilience," an initiative designed to promote studies that specifically focuses on the needs and interests of military families with very young children.

Ms. Williams is the author of *Over There*, a children's book designed to provide comfort and reassurance to a young child whose parent is deployed; *Home Again*, a children's book designed to capture the experience of deployment reunion from the perspective of a young child; and *Sparrow*, a children's book designed to support a young child whose parent has experienced illness or injury. She has co-authored articles, as well as a book chapter, highlighting issues affecting young children of military families.

Ms. Williams is a doctoral candidate at Catholic University of America. She recently taught Catholic University's first military families course within its Masters in Social Work (MSW) program.

Marleen Wong, PhD, is Assistant Dean, Clinical Professor the Director of Field Education at the USC School of Social Work. She is also Director and Principal Investigator of the USC/RAND/UCLA Trauma Services Adaptation Center for Schools, a community based research partnership and member of the National Child Traumatic Stress Network.

Formerly the director of mental health services, crisis intervention and suicide prevention at the Los Angeles Unified School District (LAUSD), she is identified by the White House as one of the "pre-eminent experts in school crisis and recovery" and an "architect of school safety programs" by the Wall Street Journal. A frequent consultant to the US Department of Education and the Department of Defense (Educational Directorate/Pentagon and DoDEA/ Department of Defense Dependent Schools), she has helped develop recovery programs for schools and train educators impacted by violence, school shootings, terrorism, and natural disasters in the United States, Canada, Israel, Kobe, Japan and Sichuan Province, China.

Dr. Wong served on the Institute of Medicine (IOM) Board on Neuroscience and Behavioral Health, which was charged with assessing national priorities and approaches to public health and medical practice, public policy, research, education, and training. She also worked on the IOM Committee which produced the publication: "Preparing for the Psychological Consequences of Terrorism" and is one of the original developers of the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Psychological First Aid: Listen, Protect Connect, Model and Teach. Both interventions have been used extensively in schools in the United States and in Asia.

Joan Levy Zlotnik, PhD, ACSW, is director of the Social Work Policy Institute in the NASW Foundation. She previously served as executive director of the Institute for the Advancement of Social Work Research and as staff director of NASW's Family Commission and as a Government Relations Associate at the NASW. She was also Director of Special Projects and Special Assistant to the Executive Director at the Council on Social Work Education.

She holds a PhD in Social Work from the University of Maryland, an MSSW from the University of Wisconsin-Madison, and a BA from the University of Rochester. Dr. Zlotnik is a fellow of the Gerontological Society of America and an NASW Social Work Pioneer® and was recognized by the National Institute of Health's (NIH) Social Work Research Working Group for her efforts on behalf of social work research at NIH.

4 > CANADIAN AND BRITISH VETERANS POLICY STATEMENTS

Passed by the Canadian Parliament in 2011, Canada's Enhanced New Veterans Charter Act spells out the sacred obligation of the nation to its Veterans and their families¹. It is based on models of wellness, transition to civilian life, and family support. The Charter operates from the guiding principle that the nation must provide Veterans and their families with the necessary help and resources, for as long as they need them, to lead healthy, rewarding, and independent lives. The Canadian government regards the Charter as a living document that will be amended and adjusted as circumstances require.

The goal of the Charter is to achieve five specific outcomes for Veterans and their families:

- > that they feel recognized for their contribution to the nation;
- > that they experience improved health and function, particularly for those Veterans who were wounded during military service;
- > that they participate and integrate fully into their communities;
- > that they participate in the civilian workforce; and
- > that they have adequate income.

To help realize these outcomes, the Charter includes provisions that aim to ease the transition to civilian life: third location decompression, assured confidentiality of medical records from the chain of command, medical employment limitations, and the creation of joint personnel support units.

Great Britain provides a coherent set of services for its Veterans

articulated in the Armed Forces Covenant, which was enacted in May 2011². The Covenant, a three-paragraph statement, defines the relationship between the British nation and its Veterans, recognizes the sacred obligation the country has to members of the armed forces and their families, and establishes how they should expect to be treated.

The first duty of Government is the defence of the realm. Our Armed Forces fulfill that responsibility on behalf of the Government, sacrificing some civilian freedoms, facing danger and, sometimes, suffering serious injury or death as a result of their duty. Families also play a vital role in supporting the operational effectiveness of our Armed Forces. In return, the whole nation has a moral obligation to the members of the Naval Service, the Army and the Royal Air Force, together with their families. They deserve our respect and support, and fair treatment.

Those who serve in the Armed Forces, whether Regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved.

This obligation involves the whole of society: it includes voluntary and charitable bodies, private organisations, and the actions of individuals in supporting the Armed Forces. Recognising those who have performed military duty unites the country and demonstrates the value of their contribution. This has no greater expression than in upholding this Covenant.

A guiding principle behind the Covenant is that it explicitly calls upon the armed forces community, the nation, and the government to bear equal responsibility to ensure that Veterans and their families receive the services they need to thrive when they return to civilian life. The Covenant also recognizes the central roles that the chain of command, the Crown, and voluntary and charitable organizations must play in helping the nation meet its obligations in the Covenant.

¹ Available at http://laws-lois.justice.gc.ca/eng/AnnualStatutes/2011_12/page-1.html. Accessed 10/16/2012.

² Available at www.mod.uk/NR/rdonlyres/4E9E2014-5CE6-43F2-AE28-B6C5FA90B68F/0/Armed_Forces_Covenant.pdf. Accessed 10/16/2012.

5 > SMALL GROUP QUESTIONS

1. If there is a national Veterans Covenant, what should be the fundamental components and what would be the desired outcomes for veterans and their families?
2. What policy changes (enhancements) at the federal and state levels are necessary to improve outcomes for veterans and their families? What are specific (and potentially winnable) opportunities on the horizon?
3. What tools and communication strategies are needed to create and implement policies that will promote practices within and across sectors (e.g., health and mental health, employment, housing, education) to ensure enhanced well-being of veterans and their families?
4. What additional research and data are needed to best understand veterans' needs and to respond to those needs within communities?
5. What roles can national organizations take, working together with federal agencies, to more fully enhance accessibility to and quality of needed services? Who needs to work together? What are highest priorities?
6. What can universities, including schools of social work, medicine, law, engineering, public health and nursing, etc. do to improve outcomes for veterans and their families? What is needed in the curriculum? What kinds of partnerships are needed among disciplines and with community service providers?

6 > NATIONAL ASSOCIATION OF SOCIAL WORKERS (NASW) MILITARY AND VETERANS' RESOURCES

NASW Military and Veteran Social Work Resource Pages SocialWorkers.org/military.asp

The National Association of Social Workers (NASW) resource page provides links to resources for social workers to learn more about what is happening in the social work profession related to social work services for the military, veterans and their families including links to webinars and on-line courses, NASW Standards and social work education resources as well as links to Congressional and Executive Branch resources and other helpful websites (SocialWorkers.org/practice/military/externalresources.asp).

NASW Standards for Social Work Practice with Service Members, Veterans and Their Families SocialWorkers.org/practice/military/documents/militarystandards2012.pdf

Approved in 2012, these NASW practice standards address definitions; guiding principles; ethics and values; qualifications; knowledge; assessment, intervention and treatment planning; practice and program evaluation, professional development; supervision, leadership and education; documentation; interdisciplinary leadership and collaboration; cultural competence and advocacy. Expert panelists (Service Members, Veterans, and their families along with social work practitioners, educators, researchers, clinicians, and advocates) created the standards.

NASW Credentials for Social Work with Service Members, Veterans, and Their Families SocialWorkers.org/credentials/default.asp

These professional credentials will be released in the next month or so and will showcase in-depth knowledge, proven work experience, leadership capacity, competence, and dedication in this field of practice at the baccalaureate, advanced, or clinical level. Requirements that social workers will need to meet to qualify for the credential include the application, reference letters, experience, etc. You can view our current credentials at.

Special NASW journal editions on social work with Service Members, Veterans, and Their Families

Fall editions of *Health and Social Work* and *Children and Schools* will focus exclusively on this field of practice. For more information please visit NASWPress.org.

7 > ZERO TO THREE MILITARY FAMILY PROJECTS

www.zerotothree.org/about-us/funded-projects/military-families/

ZERO TO THREE supports military families by working to increase awareness and collaboration throughout the military community so that parents and professionals can more effectively care for very young children and their families. This resource page provides information on past and current initiatives aimed at promoting resilience in infants and toddlers of military and veteran families. The page also includes parent and professional resources to be used at military installations or in communities serving military and veteran families, as well as books designed for children whose parent/caregiver has been injured, physically or emotionally while on deployment.

Examples of ZERO TO THREE Military Family Projects initiatives include:

- > Little Listeners (2004-2006)
- > Operation Parenting Edge (2005-2007)
- > CTAMF Preventing Child Abuse and Neglect: Parent Provider

- > Partnerships in Child Care (2008-2009)
- > Coming Together Around Military Families (2007-2009)
- > Coming Together Around Military Families (2009-2013)
- > Duty to Care: You Make a Difference e-learning for early care professionals (2009-2012)
- > New Parent Support Program Home Visitor Training (2013-2015)

VETERANS FOCUSED PROGRAMS

Coming Together around Veteran Families; Pilot training in:

- > LA (May 2012)
- > Chicago Veterans Needs Assessment (October, 2012)
- > Distribution of existing materials to community-based providers in Chicago (October, 2012)
- > Distribution of newly developed *Sparrow*, a children's book relating to parental injury
- > Coming Together Around Veteran Families; training in Chicago (October, 2012)
- > Focus group; key stakeholders in Chicago (October, 2012)

8 > EXECUTIVE ORDER: IMPROVING ACCESS TO MENTAL HEALTH SERVICES FOR VETERANS, SERVICE MEMBERS, AND MILITARY FAMILIES

www.hhs.gov/news/press/2013pres/05/20130521a.html

FOR IMMEDIATE RELEASE

May 21, 2013

Contact: HHS Press Office » 202.690.6343

VA, DoD and HHS Partner to Expand Access to Mental Health Services for Veterans, Service Members and Families

Inter-Agency Effort to Increase Access to Mental Health Services Responds to Executive Order

WASHINGTON – Today, the Departments of Veterans Affairs (VA), Defense (DoD) and Health and Human Services (HHS) announced the progress made to date on initiatives called for in President Obama’s August 31, 2012, Executive Order to Improve Access to Mental Health Services for Veterans, Service Members, and their families.

“We have made strong progress to expand Veterans’ access to quality mental health services, and President Obama has challenged us to do even more,” said Secretary of Veterans Affairs Eric K. Shinseki. “Our ongoing, joint efforts reflect our commitment to the health and well-being of the men and women who have served the Nation.”

“One of the great challenges we face as a nation is how to provide quality, accessible, long term mental health care for service members, veterans and their families. Using the combined resources and expertise from across the government we are advancing services for those who have sacrificed so much for our nation,” said Secretary of Defense Chuck Hagel.

President Obama’s Executive Order directed VA, DoD, and HHS, in coordination with other federal agencies, to take a number of steps to ensure that Veterans, Service Members, and their families receive the mental health services and support they need.

“There’s no more important work than taking care of those who protect our nation,” said Health and Human Services Secretary Kathleen Sebelius. “By working together, we can make sure our service men and women, our veterans, and their families have the behavioral health services they need to build healthy and fulfilling lives.”

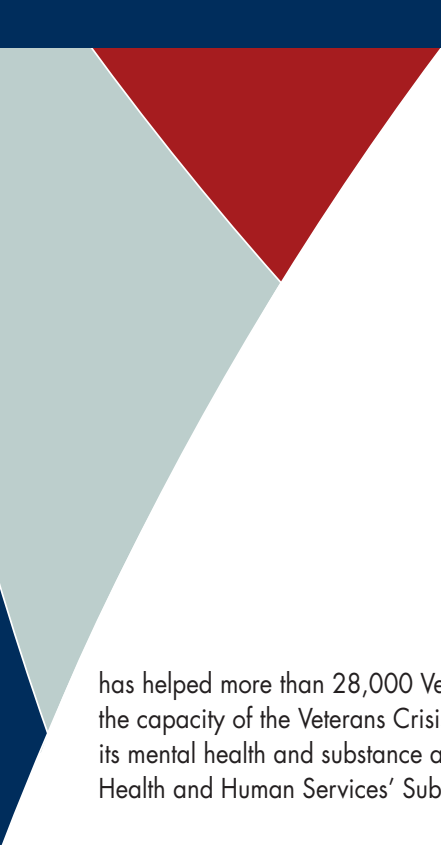
Today, the Departments released an interim report, found here, outlining progress on this initiative, including:

- > Increasing the capacity of the Veterans Crisis Line by 50 percent to help ensure that Veterans in crisis can readily reach help.
- > Establishing 15 pilot projects in seven states where VA is working with community-based mental health providers to help Veterans access mental health services in a timely way.
- > Increasing VA mental health services capacity through VA hiring of nearly 1,400 mental health providers and over 248 new peer specialists.
- > Implementing a national suicide prevention campaign to connect Veterans and Service Members to mental health services.

The Departments are actively working on additional deliverables called for in the Executive Order, including the development of a National Research Action Plan.

Federal Department actions to date include:

Suicide Prevention: VA and DoD jointly developed and are implementing a national suicide prevention campaign to connect Veterans and Service Members to mental health services. This year-long effort began Sep. 1, 2012. The program continues to save lives and link Veterans with effective ongoing mental health services on a daily basis. As of March 2013, the Veterans Crisis Line (800.273.8255, press 1) has received over 814,000 calls, over 94,000 chats, as well as over 7,200 texts, and



has helped more than 28,000 Veterans in imminent danger. VA has also completed the hiring and training of additional staff to increase the capacity of the Veterans Crisis Line that were called for in the Executive Order. In addition, the DoD has initiated a thorough review of its mental health and substance abuse prevention, education and outreach programs informed by the expertise of the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration.

Enhanced Partnerships Between the VA and Community Providers: VA worked with HHS to help identify potential local community resources to improve Veterans access to mental health services. VA has enhanced access to mental health care by establishing 15 VA pilot agreements with clinics in local communities to improve access to mental health service.

Expanded VA Mental Health Staffing: As of May 7, 2013, VA has hired a total of 1,360 mental health clinical providers towards the goal of 1,600 new mental health professionals outlined in the Executive Order. Additionally, VA has hired 2,036 mental health clinical providers to fill existing vacancies. VA has also hired nearly 250 new peer specialists in support of the specific goal of 800 peer specialists outlined in the Executive Order. The interim report indicated that as of Jan. 29, 2013, VA had hired 1,058 mental health clinical providers in support of the specific goal of 1,600 mental health professionals, and over 100 peer specialists in support of the specific goal of 800 peer specialists.

Improved Research and Development: The development of a National Research Action Plan to better understand and develop treatments for post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and co-occurring conditions; and identify strategies to support collaborative research efforts to address suicide prevention is underway. VA, DoD and HHS and the Department of Education have collaborated and submitted the plan on time. DoD and VA are investing more than \$100 million in new research to improve diagnosis and treatment of Traumatic Brain Injury (mTBI) and Post-traumatic Stress Disorder (PTSD). They have launched two initiatives to establish joint DoD/VA research consortia with academia and industry partnerships to study the chronic effects of mild TBI and PTSD.

Working together, the Departments will continue to expand the public health approach to providing optimal support for the mental health needs of Veterans, Service Members and their families. They also will continue to provide updates on their work as it progresses.

9 > POLICY REPORTS & RESOURCES

A National Veterans Covenant: Community as the Catalyst and Resource

<http://cir.usc.edu/wp-content/uploads/2011/09/Vet-Covenant-Full.pdf>

The publication outlines the moral obligation that the nation has to those who serve in its military and their families, the need to ensure that those who are injured or disabled while serving their nation receive the best care possible for as long as needed, and that veterans and their families have access to all the necessary services to help them successfully transition to civilian life. In addition, the covenant could serve as a call to every community, institution, and individual to create an environment that welcomes veterans and recognizes the sacrifices they make for the nation. (This document is attached)

Upholding the Promise: Supporting Veterans and Military Personnel in the Next Four Years

www.cnas.org/files/documents/publications/CNAS_UpholdingThePromise_Carter_2.pdf

This report recommends a deliberate, consultative, inclusive policymaking process that will help the next Obama administration to identify key issues in this area, and engage partners in developing and implementing sustainable policies to serve this community as well as it has served us. Primary among these, the report focuses on the next Obama team must arrest and reverse the growth of the claims backlog at the Department of Veterans Affairs (VA), where 66 percent of claims have been pending for more than 125 days. In addition, it recommends that the Department of Defense (DOD) and VA must improve access to services and benefits, which in many ways is inextricably linked with the claims backlog. This report outlines schema and recommendations for President Obama's personal leadership first and second terms on these issues, emphasizing the nation's obligation to serve its veterans as well as they have served us—bridging the civil-military divide.

A National Veterans Strategy: The Economic, Social and Security Imperative

<http://vets.syr.edu/wp-content/uploads/2013/02/National-Strategy-PublicationFINAL.pdf>

This publication cultivates meaningful and substantive discourse related to national policy impacting the post-service life course of the men and women who have worn the cloth of this nation in military service. Specifically, this publication develops the case and foundational logic to support action toward crafting a National Veterans Strategy. The central premise of this publication is that developing, articulating, and institutionalizing a National Veterans Strategy is necessary to serve important social, economic and security objectives, and is also consistent with the inherent social

contract that defines the relationship between the nation and its veterans. This publication outlines the key assumptions and guiding questions that should guide the recommendation process.

Returning Home from Iraq and Afghanistan: Assessment of Readjustment Needs of Veterans, Service Members, and Their Families

www.iom.edu/~media/Files/Report%20Files/2013/Returning-Home-Iraq-Afghanistan/Returning-Home-Iraq-Afghanistan-RB.pdf

The report outlines the many stressors facing the all-volunteer military and their families involved in military actions in Iraq and Afghanistan. It outlines stressors facing military members and their families as well as a renewed focus on evidence based treatment as possible answers. Additionally, the report calls for establishing a work group to explore interagency coordination, define common goals, establish common policies, and create mechanisms to share data. It calls on the DoD and the VA to support comprehensive analysis of both departments' data to answer questions about readjustment that are not addressed by peer-reviewed literature—linking and integrating their databases so they can be used more effectively.

Views from the Homefront: The Experiences of Youth and Spouses from Military Families

www.rand.org/content/dam/rand/pubs/technical_reports/2011/RAND_TR913.sum.pdf

This study addresses significant research gaps in youth and spouse experience from the home front. It represents the first comprehensive (i.e., across multiple domains), longitudinal examination of the behavioral and emotional well-being of a select sample of military families as they cope with the stress of war and deployment. The study outlines a comprehensive analysis of four factors that were significantly challenges emotional well-being and functioning. These four factors—(1) caregiver emotional well-being, (2) more cumulative months of deployment, (3) National Guard or Reserve status, and (4) quality of caregiver-youth communication—was strongly associated with greater youth or caregiver difficulties. This study outlines recommendations for further policy and programmatic action, as well as further research.

State Policy Options: A Report of the National Conference of State Legislatures Task Force on Military and Veterans Affairs, (updated April 2013)

www.ncsl.org/documents/enviro/NCSL_State_Policy_Options_8x10_042913.pdf

This is the 3rd edition of an NCSL report developed in cooperation with the DoD, to encourage a greater understanding of state policy options enacted in response of the ever-growing challenges facing today's military and veterans.

10 > COMPILATION OF RESOURCES PROVIDED BY THINK TANK PARTICIPANTS

Council on Social Work Education (CSWE) Advanced Social Work Practice In Military Social Work

www.cswe.org/File.aspx?id=42466

Directly addressing CSWE's 2008 Educational Policy and Accreditation Standards (EPAS), CSWE established a set of educational guidelines specifying the specialized knowledge and skills that social work practitioners need to effectively serve military personnel, veterans, and their families. The guide seeks to increase specialization, certification, and other curricular offerings in social work programs that address military cultural awareness and service-related disorders.

National Child Traumatic Stress Network (NCTSN) Military Children and Families Resources

www.nctsn.org/resources/topics/military-children-and-families

The NCTSN has an array of resources and links related to research and practice interventions that focus on addressing the needs of children who experience the unique challenges of military life and culture. The information focuses on resiliency and risk factors and provides content for educators, family members and mental health and medical providers.

Defense Centers of Excellence (DCOE)

www.dcoe.health.mil

Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury (DCoE), comprised of Defense & Veterans Brain Injury Center, Deployment Health Clinical Center and National Center for Telehealth and Technology serves as the principal integrator and authority on psychological health and traumatic brain injury (TBI) knowledge and standards for the Defense Department.

Special Journals

Military Behavioral Health: An International Journal of Research and Community Study, the first academic journal dedicated to the biopsychosocial health and well-being of service members, veterans and families impacted by military service. It is a biannual journal housed at the University of Southern California, <http://cir.usc.edu/journal>.

2013 Benefits for Veterans and Dependents

<http://militaryhandbooks.com/view-military-handbooks/2013-benefits-for-veterans-dependents/>

This handbook is intended to serve as a reference guide for veterans, their families, and those who help veterans' access information about VA benefits and services. You can download it at the provided web link.

Congressional Veterans Jobs Caucus and Launch of the "I Hire Veterans" Initiative

<http://denham.house.gov/HireAVet>

This site provides information about the Congressional Caucus and how employers can get involved.

Human Behavior & the Social Environment, Special Issue – Social and Behavioral Health in the Military: Responding to the Needs of Soldiers and their Families in the Post 9/11 Environment, volume 23, issue 6, 2013, www.tandfonline.com/doi/abs/10.1080/10911359.2013.795039.

Keeping the Promise: Maintaining the Health of Military and Veteran Families and Children, Princeton/Brookings Future of Children Journal, Volume 23 Number 2 Fall 2013
http://futureofchildren.org/futureofchildren/publications/docs/23_02_PolicyBrief.pdf

Military Partners and Families Coalition (MPFC) Community HealthCare Study Report: 2011-2012

<http://jtpconsulting.com/com.milpfc.org/milpfc-content/uploads/2012/02/MPFC-Study-Report-2011-2012.pdf>

MPFC's mission is to provide support, advocacy, education and outreach for partners and children of LGBT service members - including families of service members on active duty, in the reserves, national guard, and veterans. This report is a result of a survey of 250 LGBT service members and/or partners, assessing this military subpopulation in an attempt to identify their emerging needs and those unaddressed under the impact of Don't Ask Don't Tell (DADT) and other legislation such as the Defense of Marriage Act (DOMA) on them. The goal is to prompt a needed dialogue in constructing stronger LGBT family and service member resiliency.

VETCENTER

www.vetcenter.va.gov

VA Website to Help Transition from Military to Civilian Life

VA SUPPORTIVE SERVICES FOR VETERAN FAMILIES PROGRAM WEBSITE

www.va.gov/homeless/SSVF.asp

Provides information about the SSVF program in which VA awards grants to private non-profit organizations and consumer cooperatives who can provide supportive services to very low-income Veteran families living in or transitioning to permanent housing.

MILITARY ONESOURCE.

www.militaryonesource.mil/

Website provides service members, family members, service providers, and command information on policies, procedures, timely articles, cutting-edge social media tools, and support information, with the goal of empowering our military community.

PEARL INTERACTIVE NETWORK

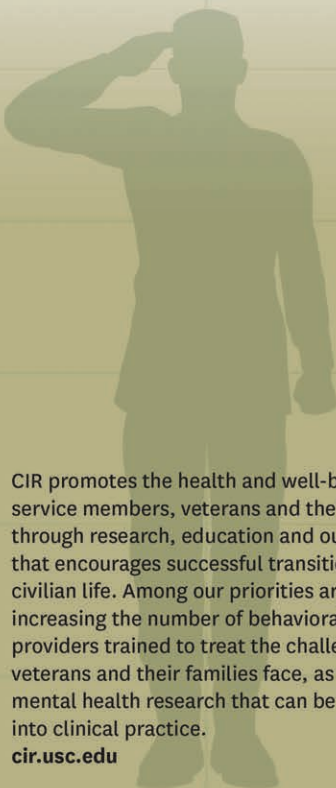
www.pearlinter.org/About-Us.html

Pearl Interactive Network is a social enterprise that delivers contact center and staffing services tapping a workforce of home-based, skilled and talented agents nationwide including disabled veterans, veterans, caregivers, military spouses, people with disabilities and people living in geographically challenged areas.

11 > ABOUT THE CENTER FOR RESEARCH AND INNOVATION ON VETERANS AND MILITARY FAMILIES

USC Social Work

Center for Innovation and Research on Veterans & Military Families



CIR promotes the health and well-being of service members, veterans and their families through research, education and outreach that encourages successful transitions to civilian life. Among our priorities are rapidly increasing the number of behavioral health providers trained to treat the challenges veterans and their families face, as well as mental health research that can be translated into clinical practice.

cir.usc.edu



ABOUT THE SOCIAL WORK POLICY INSTITUTE

The Social Work Policy Institute was established in 2009 and is a division of the NASW Foundation. Its mission is:

- > To strengthen social work's voice in public policy deliberations.
- > To inform policy-makers through the collection and dissemination of information on social work effectiveness.
- > To create a forum to examine current and future issues in health care and social service delivery.

Social Work Policy Institute > NASW Foundation

Director: Joan Levy Zlotnik, PhD, ACSW

750 First Street NE, Suite 700 > Washington, DC 20002-4241

SocialWorkPolicy.org > swpi@naswdc.org > 202.336.8393



750 FIRST STREET NE, SUITE 700
WASHINGTON, DC 20001-4241
SOCIALWORKPOLICY.ORG